

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7894

**1. PLACE OF DEATH**

County Butler Bluff Registration District No. 199  
Township Butler Bluff Primary Registration District No. 3797  
City Butler Bluff St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence Frank Leubert St. \_\_\_\_\_ Ward \_\_\_\_\_  
near Butler, MO (Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Laura Leubert

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work... Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Hermann Leubert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Lillie Fuchs - 3-31-1920

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMATION (Address) Lillie Grissinger  
Butler, MO

15. FILED \_\_\_\_\_, 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31-20 1920

17. I HEREBY CERTIFY, That I attended deceased from 3-27-20 to 3-31-20  
3-26, 1920, to 3-31-20, 1920  
that I last saw him alive on 3-31-20, 1920, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Thrombosis

46E  
(duration) yrs. mos. ds.

CONTRIBUTORY Cancer  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 44B

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signature) H. Gresthouse, M. D.  
(Address) Butler, MO

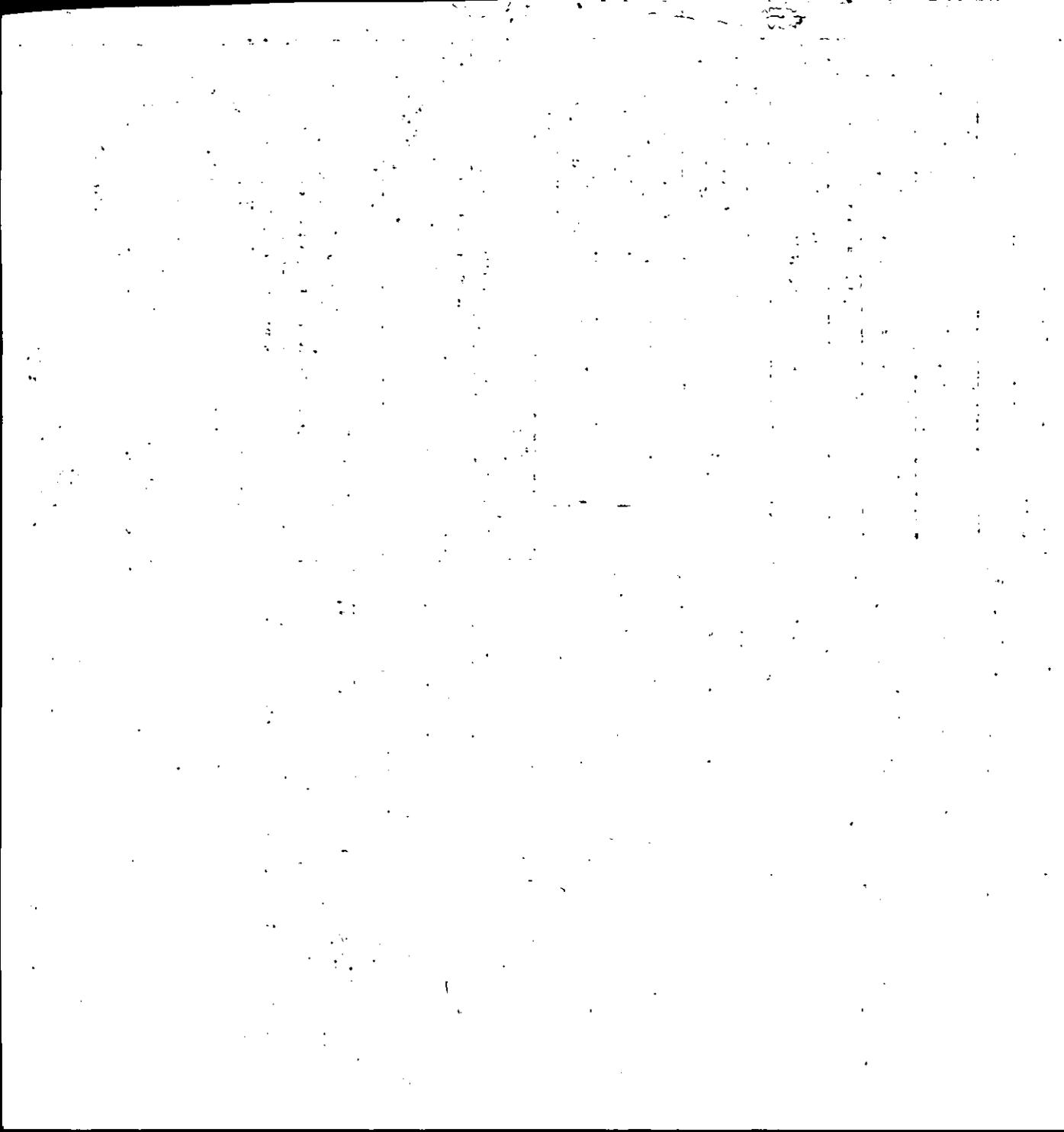
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Butler, MO 4-1-20 1920

20. UNDERTAKER ADDRESS

Frank's Co - Poplar Bluff, MO



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Butler Registration District No. 92 File No. ....  
Township Gillis Bluff Primary Registration District No. 5137 Registered No. ....  
City (No. ....) St. .... Ward)

**2. FULL NAME**

Frank Leuterst  
(a) Residence, No. near Lubin Mo. St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Mrs. Laura Leuterst

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 63

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Fanner.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Herman Leuterst

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER St. Frick.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Lillie Griesinger Lubin Mo.

15. FILED May 20 19 30 Dee Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 31st 19 30

17. I HEREBY CERTIFY That I attended deceased from 3 - 26 1930 to 3 - 31 1930.  
that I last saw him alive on 3 - 31 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hepatocarcinoma of Liver  
(duration) yrs. mos. ds. ....  
CONTRIBUTORY Cancer of liver (SECONDARY)  
(duration) yrs. mos. ds. ....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. L. Greathouse M. D.

3 - 3193 (Address) Frick Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lubin Mo. 4 - 1st 19 30

20. UNDERTAKER ADDRESS

Frank Co Poplar Bluff Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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