

PR 30 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9876
2

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 714Township HenryPrimary Registration District No. 5943City Leak Poyon York (No.)File No. Registered No. 6St. Ward

2. FULL NAME

(a) Residence. No. 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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Give the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Leak Poyon York

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

9/27/25

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

156

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Leak Poyon York

(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)

York, Pa.

10. NAME OF FATHER

Richard B. York

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

York, Pa.

12. MAIDEN NAME OF MOTHER

Martha C. Ramsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

York, Pa.

14. INFORMANT

(Address)

R. B. York

15. FILE

3/4/30

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

3/31930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(Septicemia)
Empyema
Leak Poyon York
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY)

(duration) 9 yrs. mos. 14 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) W. S. Elliot

M. D.

3/3/1930 (Address) Wayneville

*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

Bloodland Cemetery3/4/1930

20. UNDERTAKER

ADDRESS

Page Bros. & Co.Bloodland

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

