

APR 28 1930

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

Do not use this space.

12396

## 1. PLACE OF DEATH

County HenryRegistration District No. 347Township ClintonPrimary Registration District No. 3018City Clinton (No. ....)

File No. ....

Registered No. 18

St. .... Ward)

## 2. FULL NAME

(a) Residence No. 804 N 2nd 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

F

## 4. COLOR OR RACE

white

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

married

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

W H Leonard

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

Feb 2 1899

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

51129

## 8. OCCUPATION OF DECEASED

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

Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

own in home

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Lock Ohio

## 10. NAME OF FATHER

James B Deeben

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

## 12. MAIDEN NAME OF MOTHER

Linda Bevel

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

## 14. INFORMANT

(Address)

W H LeonardClinton Mo

## 15. FILED

4/3 1930Dr. E. C. Peelor

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1st 1930

17.

I HEREBY CERTIFY, That I attended deceased from Dec 26 1929, to April 1st 1930 that I last saw her alive on April 1st 1930, and that death occurred, on the date stated above, at 1030 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Dilatation of heart or valvular disease of the heart.

124B92B(duration) yrs. 4 mos. 5 ds.

## CONTRIBUTORY (SECONDARY)

95B cirrhosis of liver

(duration) yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

## WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. M. Marsailles, M. D.D., 19 (Address) Clinton 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

(Address)

Englewood Cem.4/3 1930

## 20. UNDERTAKER

## ADDRESS

SporeyClinton Mo.

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.

