

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

Do not use this space.

15300

1. PLACE OF DEATH

County Boone Registration District No. 72

Township Centralia Primary Registration District No. 4041

City Centralia (No. _____ St. _____ Ward)

File No. _____

Registered No. 17

2. FULL NAME Brunette Leach

(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

Female

4. COLOR OR RACE

white

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

Single

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

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

Jan 15 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

78

3

21

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).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lee Grove Co Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Wm. Leach

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Riggs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Boone Co Mo

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Norman Leach
Centralia Mo

15.

FILED

7/7 1930

J. I. Hickerson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 6th 1930

17.

HEREBY CERTIFY, That I attended deceased from April 25, 1930, to May 5, 1930, that I last saw him alive on May 5, 1930, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic endocarditis

92A

[Signature]

(Duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(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) J. S. Palmer, M. D.

577 1930 (Address) Centralia 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

Hickory Grove Cem May 7 1930

20. UNDERTAKER

ADDRESS

M. J. McDonald Centralia 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

UN 34198

