

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

Do not use this space.

16790

**1. PLACE OF DEATH**

County Mississippi

Registration District No. 566

Township Chapin

Primary Registration District No. 5762

City Chapin (No. ....)

File No. ....

Registered No. 46

St. ....

Ward

**2. FULL NAME**

Robert Jessie Leungood

(a) Residence. No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ....

mos. ....

ds. ....

How long in U.S., if of foreign birth? ....

yrs. ....

mos. ....

ds. ....

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M

**4. COLOR OR RACE**

White

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

Widowed

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

Eveline Whitlock

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

Feb. 10 1860

**7. AGE**

YEARS

MONTHS

DAYS

70

3

18

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

**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)

Hillsboro Illinois

PARENTS

**10. NAME OF FATHER**

Jeremiah Leungood

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

(STATE OR COUNTRY)

Chapin Penna

**12. MAIDEN NAME OF MOTHER**

Mary Amanda Beyer

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

(STATE OR COUNTRY)

Chapin Ohio

**14.**

INFORMANT

(Address)

Mrs. T. L. Walters, Charleston Mo. R.D.#4

**15.**

FILED

19 May 28 30

J. S. Vernon

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

4:40 P.M.

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

5/28

1930

**17.**

I HEREBY CERTIFY, That I attended deceased from

Jan. 1930, to 5/28 1930, that I last saw him alive on 5/9 1930, and that death occurred, on the date stated above, at 1:40 P.M.

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

Carcinoma of Stomach

**CONTRIBUTORY (SECONDARY)**

**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. Love, M. D.

529 1930 (Address) Charleston 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**

Oak Grove

5/29 1930

**20. UNDERTAKER**

**ADDRESS**

Love Mud. Co. Fair Charleston Mo.

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

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.

JUN 26 1930

Abraham