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

Do not use this space.

25544

1. PLACE OF DEATH
County Saline — Registration District No. 744
Township Clay — Primary Registration District No. 6043
City Slater Mo #4 (No. ..... St. ..... Ward)

File No. .....
Registered No. 45

2. FULL NAME James Calvin Leimkuehler
(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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 - 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	2	24	

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) Greenside Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Casper Leimkuehler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) [illegible]

14. INFORMANT [illegible]
(Address) Slater Mo #4

15. FILED 7 30, 19 30 W. M. [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927 to July 29, 1930 that I last saw him alive on June 30, 1930 and that death occurred, on the date stated above, at 5 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis chronic
93 @
11 33
..... (duration) 3 yrs. 6 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 906 at Home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Obtained
(Signed) H. C. Lockwood, M. D.
, 19 (Address) Slater 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 [illegible] — DATE OF BURIAL July 31 1930

20. UNDERTAKER — ADDRESS [illegible]

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.

AUG 20 1930

Place Baptist Church
June 2nd Thursday
Minister R W [illegible]