SEP 22 1930

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

Do not use this space.

25993

File No. 67

Registered No.

1. PLACE OF DEATH

County Buchanan Registration District No. 86

Township Washington Primary Registration District No. 5127

City (No. St. Ward)

2. FULL NAME Max Eugene 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 2 yrs. 0 mos. 0 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 10, 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
3	4	8	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Forest City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER B. P. Leach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Nebraska

12. MAIDEN NAME OF MOTHER Lula Dodge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Lula Leach
(Address) St Joseph, Mo.

15. FILED Aug 20, 1930 J. J. Banshek REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17th 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1930, to Aug 17, 1930 that I last saw him alive on Aug 16, 1930 and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Ileo Colitis

120B

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 114B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) Arthur H Kelley M. D.

Aug 18, 1930 (Address) St Joseph 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: Forest City, Mo.

DATE OF BURIAL: 8/20 1930

20. UNDERTAKER: L. V. Lehmer

ADDRESS: Oregon 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.