

NOV 26 1930

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

Do not use this space.

33663

1. PLACE OF DEATH

County Nodaway
Township Hughes
City Hughes (No.)

Registration District No. 622
Primary Registration District No. 5924

File No.
Registered No. 10
St. Ward)

2. FULL NAME Elvira F Leeper

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 | 5 | 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Heran Lawrence

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

12. MAIDEN NAME OF MOTHER Strong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Clarence Leeper
(Address) Graham

15. FILED 10-17-1930 M M Rhoades REGISTRAR
Nov-11-30 C P Freyer M.D.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1930, to Oct 15, 1930 that I last saw her alive on Oct 15, 1930, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis

CONTRIBUTORY (SECONDARY) Old age (duration) 5 yrs. mos. ds.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) E L Morgan M. D.

, 19 (Address) Graham 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 Graham, Mo. DATE OF BURIAL Oct. 17, 1930

20. UNDERTAKER Price Furn Co ADDRESS Maryville

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.

100