

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

Do not use this space.

38909

**1. PLACE OF DEATH**

County Cole  
Township Koreau  
City (No. ....) .....

Registration District No. 2-30  
Primary Registration District No. 214

File No. 30  
Registered No. 214  
St. .... Ward)

**2. FULL NAME** Sarah Leona Leslie

(a) Residence. No. Russellville, Mo. 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29th. 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
54 2 3

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Russellville,  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Abraham Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russellville,  
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Hanner Kelsey

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

14. INFORMANT. Mrs. F. A. Leslie  
(Address) Russellville, Mo.

15. FILED 12-4-1930 Hugh L. Carlar  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2nd. 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1930 to Dec 2, 1930, that I last saw her alive on Dec 1, 1930, and that death occurred, on the date stated above, at 8-10 P.m.

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

Acute Purulent Otitis Media  
59 A  
8/6

(duration) yrs. mos. 21 ds.  
CONTRIBUTORY Streptococcaemia  
(SECONDARY)

(duration) yrs. mos. 10 ds.

**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. L. Leslie, M. D.

124-1930 (Address) Russellville, 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

Enloe Cemetary

Dec. 4th, 1930  
ADDRESS

20. UNDERTAKER

G. N. Steffens,

Russellville  
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.

MAN 19 1931

