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

Do not use this space.

38951

File No.
Registered No. 599

JAN 19 1931

PLACE OF DEATH
County Davies
Township Union
City (No. , St. Ward)

Registration District No. 250
Primary Registration District No. 5348

2. FULL NAME James William Leap

(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: Nettie Leap

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 1 1869

7. AGE: Years 61 Months - Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farming
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Mo

PARENTS
10. NAME OF FATHER: Hamel Leap
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTY): Ind
12. MAIDEN NAME OF MOTHER: Mary Griffith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTY): Ind

14. INFORMANT: J. H. Leap
(Address): Gallatin

15. FILED 12/26, 1930 Ph. Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-25- 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-25- 1930, to 12-25- 1930 that I last saw him alive on 12-25- 1930, and that death occurred, on the date stated above, at 8 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) 2 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

(Signed) Ph. Gardner, M. D.
12/26, 1930 (Address) Gallatin 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: Pleasant Grove — DATE OF BURIAL: Dec 27, 1930

20. UNDERTAKER: H R Peterson — ADDRESS: Jamesport

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.

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