

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

Do not use this space.

3873

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital**)

File No. **1118**
Registered No. **1118**
St. Ward)

2. FULL NAME

(a) Residence No. **4721** **Salad** 10 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **11** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **October 2, 1883**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	47	3	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Dishwasher**
(b) General nature of industry, business, or establishment in which employed (or employer) **249**
(c) Name of employer **Retired 2 years**

9. BIRTHPLACE (CITY OR TOWN) **Dixon**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **John Leannont**

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

12. MAIDEN NAME OF MOTHER **Jane Marting**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **England**
(STATE OR COUNTRY)

14. INFORMANT **Edmond**
(Address) **City Hospital**

15. FILED **28** 19**31** **May C. Startley** REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 27 1931**

17. I HEREBY CERTIFY That I attended deceased from **Jan 6 1931** to **Jan 27 1931**
that I last saw him alive on **Jan 27 1931** and that death occurred, on the date stated above, at **4:10 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
with Empyema
108
130
110A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Chronic Myocarditis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **108**
IF NOT AT PLACE OF DEATH

3 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Jan 13 - 1930**
WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. T. Mahan** M. D.
127 St. Louis (Address) **City Hospital**

*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 **Dixon Mo.** DATE OF BURIAL **1/29 1931**

20. UNDERTAKER **Shepard Funeral Home** ADDRESS **1167-69 Hamilton**

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.

Leamont.