

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.

MAR 25 1931

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

Do not use this space.

6037

1. PLACE OF DEATH  
 49 County Jasper Registration District No. 417  
 11 Township Webb City Primary Registration District No. 3071  
 City Webb City (No. ....) St. .... Ward) 16

2. FULL NAME Christ Adam Leistikow  
 (a) Residence, No. 516 N. Cedar 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 Mrs Cora Leistikow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 24, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Center 7  
Miss.

13. NAME Christ Adam Leistikow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Bohholz 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Cora Leistikow 1  
(ADDRESS) Webb City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Cem. DATE Feb 13 1931

19. UNDERTAKER Steele Und. Co  
(ADDRESS) Webb City Mo

20. FILED 712 19 31 R. M. Slosser  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1931, to Feb 11 1931  
 I last saw him alive on Feb 7 1931. Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Valvular Heart Disease Date of onset  
Dropsy 92

Other contributory causes of importance:  
None

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify .....  
 (Signed) W. W. Wagoner M. D.  
 (Address) 118 N. Webb St. Webb City Mo

