

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 26 1931

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

Do not use this space.

6541

1. PLACE OF DEATH

County Jerry Registration District No. 969  
Towship Union Primary Registration District No. 5877  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. ....  
St. .... Ward .....

2. FULL NAME

Ludwina Mary Leible  
(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) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-19-1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 9 13

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) 100  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perry Co. Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Vincent A Leible

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co. Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Bauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co. Mo.  
(STATE OR COUNTRY)

14. INFORMANT Frank A. Bauer  
(Address) Perryville Mo. R. 2

15. FILED 2-31-1931 R. A. Smoller  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2-31 19

17. I HEREBY CERTIFY, That I attended deceased from 2-1-31, 19, to 2-2-31, 19, that I last saw him alive on 2-2-31, 19, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia  
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) measles  
(duration) yrs. mos. 7 ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D. L. Fitch M. D.  
2-3-, 1931 (Address) Perryville 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 Apple Creek Cem DATE OF BURIAL 2-3-1931

20. UNDERTAKER Zellner & Sons ADDRESS Perryville Mo.

