

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

Do not use this space

6876

MAR 27 1931

1. PLACE OF DEATH

90 County St. Louis
Township Bonhomme
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 785
Primary Registration District No. 6031

File No. _____
Registered No. 50

2. FULL NAME

Leander Corless
(a) Residence. No. Christyfield No St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Never

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 3 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm laborer 2
(b) General nature of industry, business, or establishment in which employed (or employer) general farm work
(c) Name of employer J. E. Eggers

9. BIRTHPLACE (CITY OR TOWN) Christyfield
(STATE OR COUNTRY) Mo

10. NAME OF FATHER David Corless

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

12. MAIDEN NAME OF MOTHER Mary Ball

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

14. INFORMANT Raymond Corless
(Address) Christyfield Mo

15. FILED 3/5, 1931 P. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 3 1931

17. I HEREBY CERTIFY, That I attended deceased from February 1st, 1931, to February 3, 1931, that I last saw him alive on February 3, 1931, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary thrombosis
of the heart
(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Diabetes (duration) _____ 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 General Postmortem
(Signed) J. R. St. Ger, M. D.

Feb 4, 1931 (Address) Christyfield 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 St. Michael Cem Monach DATE OF BURIAL Feb 5 1931

20. UNDERTAKER Heider 26 Co ADDRESS Balleria 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.

