

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.

JUN 27 1931

10842-2

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

Do not use this space.

10842-2

1. PLACE OF DEATH
76 County Montgomery Registration District No. 591
Township Grasse Primary Registration District No. 5789
City _____ No. _____ St. _____ Ward _____

2. FULL NAME Emily L Leunberger
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>2</u>	<u>4</u>	

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Big Springs
(STATE OR COUNTRY) Montgomery, Mo.

10. NAME OF FATHER Bridges

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Jane Bridges

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) _____

14. INFORMANT H. H. Leunberger
(Address) Middleton, Mo.

15. FILED 3/12/31 1931 W. Davidson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 10th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 27th 1931 to Mar 10th 1931, that I last saw her alive on Mar 5th 1931, and that death occurred, on the date stated above, at 12 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
23 H
11 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS findings
(Signed) C. Lewis, M. D.
Mar 12, 1931 (Address) Middleton, 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 <u>Hays Community</u>	DATE OF BURIAL <u>3-12 1931</u>
20. UNDERTAKER <u>McCoy & Kubie</u>	ADDRESS <u>Middleton</u>

