

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

Do not use this space.

**24245**

**85**

**1. PLACE OF DEATH**

County Duchman  
Township Washington  
City St. Joseph (No. 1819)

Registration District No. 1001  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 727  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Excelsior Springs, Mo. Ward. Excelsior Springs, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>29</u>	<u>5</u>	<u>19</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Jan. 1 1921 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Missouri

13. NAME William G. Leeb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Ella Kahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Missouri

17. INFORMANT (ADDRESS) Ella Morris 1819 So. 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Auburn DATE July 4 1921

19. UNDERTAKER (ADDRESS) E. P. Bidderly 6021 So. 110th St.

20. FILED 7-3-21 19 John P. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1921

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1921 to July 2 1921

I last saw him alive on July 9 1921. Death is said to have occurred on the date stated above, at 6:05 p.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of Right lower maxilla Date of onset Oct. 1920

Other contributory causes of importance: none

Name of operation Drainage of abscess at right side of face Date of Feb. 1920  
What test confirmed diagnosis Laboratory Was there an autopsy? No

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) Gordon Dewright, M. D.  
(Address) 845 So 19th St. Joseph, 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.

AUG 24 1921

3

1000