

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

Do not use this space.

27481

1. PLACE OF DEATH

County Rollinger Registration District No. 67 File No. 27481
 Township Marble Hill Primary Registration District No. 3702c Registered No. 19
 City Marble Hill (No.) St. Ward)

2. FULL NAME

Julius Headly Lesley
 (a) Residence No. St. Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 - 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
63 - 11 - 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marble Hill
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER John H. Lesley
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marble Hill
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Chandler
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marble Hill
 (STATE OR COUNTRY) Mo

14. INFORMANT W. J. Lesley
 (Address) Marble Hill

15. Oct 8, 1931
 FILED 1931 Co. Sander
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1928 to 6-26-31, 1931, that I last saw him alive on 6-11-31, and that death occurred, on the date stated above, at 7-11-31 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97 Mr. Lesley requested
 (duration) 2 yrs. 9 mos. da.

CONTRIBUTORY (SECONDARY) no
 (duration) ... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? at home
 IF NOT IN PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? no
 (Signed) J. R. ... M. D.
 , 19 ... (Address) ...

*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 Lesley Ridge DATE OF BURIAL Aug 30 1931

21. UNDERTAKER W. J. Baker ADDRESS ...

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.

OCT 29 1931

Request for autopsy

