

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

Do not use this space.

28110

1. PLACE OF DEATH Holt
 County.....Holt Registration District No. 372
 Township.....Mid City, Mo Primary Registration District No. 4218
 City.....Mid City, Mo (No.) St. Ward.....
 Registered No. 713

2. FULL NAME Max Neum Leutenberger
 (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. da.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Formerly Painter

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co Penn

FATHER 13. NAME Chas Leutenberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Dangleberger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Erna Tracy
 (ADDRESS) Mount City Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 8/18 1931

19. UNDERTAKER W. Crawford
 (ADDRESS) Mount City Mo

20. FILED 8-18-31 J. V. Tracy
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to Aug 16th 1931
 I last saw him alive on Aug 16th 1931 Death is said to have occurred on the date stated above, at 4:30 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset July 1931
812 J. V. Tracy
 Other contributory causes of importance:
atrophy of Brain

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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) Jas Tracy M. D.
 (Address) Mount City, Mo

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.

SEP 22 1931

