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

Do not use this space.

36585

1. PLACE OF DEATH

County: Shelby — Registration District No.: 831 — File No.:

Township: Black Creek — Primary Registration District No.: 6092 — Registered No.:

City: (No. ..... St. ..... Ward)

2. FULL NAME: Joseph Leake

(a) Residence. No. County Infirmary 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.

NOV 28 1931

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.

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): No record

7. AGE: Years: About 80 years; Months: No record; Days: ; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

PARENTS

10. NAME OF FATHER: No record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No record

12. MAIDEN NAME OF MOTHER: No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No record.

14. INFORMANT: T. N. Magruder. (Address) Shelbyville, Mo.

15. FILED Oct. 2, 1931 Emmette A. Howerton REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 1 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. P. Thompson, Coroner, M. D.

, 19 (Address) Shelbyville, 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: Hunnewell, Mo. — DATE OF BURIAL: Oct. 2. 1931

20. UNDERTAKER: J. W. Thompson Son. — ADDRESS: Shelbyville, Mo.