

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

Do not use this space.

3987

**1. PLACE OF DEATH**

17 County Carroll Registration District No. 136  
Township Grotter Primary Registration District No. 5792  
City (No. ) St. Ward

File No. \_\_\_\_\_

Registered No. 1

**2. FULL NAME** Schell Leakey

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
39 11 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Carroll County Mo

13. NAME C. S. Dennison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo

15. MAIDEN NAME Maggie Newkum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo

17. INFORMANT (ADDRESS) Ma. Leakey and Carrollton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill, Mo DATE 2-4-32

19. UNDERTAKER (ADDRESS) Standley Carrollton, Mo

20. FILED 2-3 1932 Mrs E. E. Jamman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to Feb 2, 1932

I last saw her alive on Jan 31, 1932. Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Pulmonary tuberculosis  
23R  
23B  
Other contributory causes of importance (3)

Date of onset

Name of operation Date of

What test confirmed diagnosis? 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) R. V. Cowherd D.O.M.D.  
(Address) Carrollton, 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.

MARGIN RESERVED FOR BINDING

U. S. NO. 2.

1951

1952