

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

Do not use this space.

5790

1. PLACE OF DEATH
 84 County Randolph Registration District No. 735
 6 Township Moberly Primary Registration District No. 3034
 8 City Moberly (No. 939 W. Reed)
 2. FULL NAME Lilla May Leake
 (a) Residence, No. 939 W. Reed St. Ward. (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.

File No. _____
 Registered No. 279
 St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm R Leake</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29th 1889</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>8</u>
	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Mo.</u>		
MOTHER	13. NAME <u>Joseph Buckley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Anna Fox</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Anna Leake</u> (ADDRESS) <u>Moberly Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly Mo</u> DATE <u>2-22nd 1932</u>		
19. UNDERTAKER <u>Mohr and Son</u> (ADDRESS) <u>Moberly Mo</u>		
20. FILED <u>2/20 1932</u> <u>Thos B Fleming</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1925 19....., to Feb 20 19.....
 I last saw her alive on Feb 20 19..... Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Chr Myocarditis Date of onset 5 yrs ago
930
P B O
 Other contributory causes of importance:
none
 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) H. L. Fuchs M. D.
 (Address) Moberly 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.

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