

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

Do not use this space.

6687

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
1003
Primary Registration District No. Peoples Hospital
(No. 11)

File No.....
Registered No. 1763
St. Ward)

2. FULL NAME

(a) Residence, No. 4347 F. Truax St., Ward. 11

(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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-----------------------------------|--|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>Caucas</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct-3, 1898</i> | | |
| 7. AGE YEARS <i>28</i> | MONTHS <i>4</i> | DAYS <i>14</i> |
| If LESS than 1 day, hrs. or min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School Teacher</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Public School</i> |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation <i>3 1/2</i> |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Birmingham Ala.*

MOTHER FATHER 13. NAME *James Leathier*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Macon Ga.*

15. MAIDEN NAME *Mary Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Charleston S.C.*

17. INFORMANT (ADDRESS) *Mary Leathier 4347 F. Truax*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wrenwood* DATE *2-24*

19. UNDERTAKER (ADDRESS) *Wrenwood Undertaking Co 4059 F. Truax*

20. FILED *Feb 23 1932*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/19, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *2/17, 1932*, to *2/19, 1932*.
I last saw *her* alive on *2/19, 1932*. Death is said to have occurred on the date stated above, at *9:30* a.m.
The principal cause of death and related causes of importance were as follows:

139B
129 Peritonitis
139B
Other contributory causes of importance:
Pelvic Abscess of Tubo-ovarian cause unknown

Name of operation..... Date of.....
What test confirmed diagnosis? *yes* Was there an autopsy? *yes*

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..... *(D)*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....
(Signed) *Leo Comissionary*, M. D.
(Address) *1701 White*

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.

