

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

Do not use this space.

12243

1. PLACE OF DEATH

City Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 850) St. St. Main St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 850 St. Main 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</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>Susay Leachman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 16 - 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>0</u>
	DAYS <u>22</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>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Olga Leachman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazelwood</u> DATE <u>Apr. 10, 1932</u>		
19. UNDERTAKER <u>M. C. Campbell</u> (ADDRESS) <u>869 Wash. Ave.</u>		
20. FILED <u>4-8</u> 19 <u>32</u> <u>John Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1932 to April 7th 1932
 I last saw him alive on April 4th 1932. Death is said to have occurred on the date stated above, at 6 P.M.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Myocarditis
 93 P
 Other contributory causes of importance: 93 P
 Date of onset: (D)

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) E. E. Evans, M. D.
 (Address) Springfield, 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.

MAY 24 1932

