

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

Do not use this space.

14749

1. PLACE OF DEATH

County..... Registration District No. 301
 Township..... Primary Registration District No. 1000
 City..... (No. 3449 Pine) St. Ward)

File No.
 Registered No. 4147
 St. Ward)

2. FULL NAME

(a) Residence, No. 2814 Lucas St. 218 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th 1932

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

22. I HEREBY CERTIFY, That I attended deceased from April 20th 1932 to April 24th 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 15 - 1903

I last saw him alive on April 24th 1932. Death is said to have occurred on the date stated above, at 4:25 A.M.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 28 11 9

Date of onset 4/16/32

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

Acute Parenchymatous Nephritis

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

Septicemia non Traumatic

10. Date deceased last worked at this occupation (month and year)

Other contributory causes of importance: acute Nephritis due to Septicemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

Name of operation None Date of None

13. NAME William Leffridge

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

15. MAIDEN NAME Sarah Coy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Lake Ark.

17. INFORMANT (ADDRESS) Hubert Pystory 2419 Lucas

18. BURIAL, CREMATION, OR REMOVAL PLACE Endora Ark. DATE 4/30 1932

19. UNDERTAKER (ADDRESS) American Funeral Home 3449 Pine

FILED 28 1932 Wm E Stark Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) Wm E Stark M. D.
 (Address) 3548 S. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

