

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

Do not use this space.

15712

1. PLACE OF DEATH
 30 County Wallas Registration District No. 242
 Township Grant Primary Registration District No. 5335
 City (No. _____) St. _____ Ward _____

2. FULL NAME Leaketa Grace Andrews
 (a) Residence, No. _____ 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30, 1918

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>13</u>	<u>6</u>		

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

FATHER 13. NAME Andy Andrews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Andy Andrews
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Reynolds Chapel DATE 6-16

19. UNDERTAKER H. B. Jones Buffalo Mo
(ADDRESS) _____

20. FILED 6/3 19 19 W. G. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5:28, 1932 to 5:29, 1932
 I last saw her alive on 5-29, 1932 Death is said to have occurred on the date stated above, at 2:30 m.
 The principal cause of death and related causes of importance were as follows:
pneumonia
Caused by measles
 Date of onset _____

Other contributory causes of importance:
1094 7 1

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) D. H. Greenwood, M. D.
 (Address) Buffalo 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.

APR 21 1932

