

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

Do not use this space.

20502

1. PLACE OF DEATH

85 County Carter Registration District No. 713 File No. _____
 Township Callan Primary Registration District No. 5942 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

William Leagle
 (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 1 15

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

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

10. Date deceased last worked at this occupation (month and year) 3/2/29 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

13. NAME Leagle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 2

15. MAIDEN NAME Robinson

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

17. INFORMANT (ADDRESS) Claude Leagle

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagonmiller DATE 6/26 1932

19. UNDERTAKER (ADDRESS) Wagonmiller

20. FILED 6/26 1932 C. A. Talbot Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to Jan 25 1932

I last saw him alive on Jan 24 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart disease
Arteriosclerosis
9-2-32

Other contributory causes of importance:

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? no

If so, specify _____

(Signed) C. A. Talbot, M. D.

(Address) Wagonmiller

JUL 26 1932

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

