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

Do not use this space.

File No. 29054
Registered No.

1. PLACE OF DEATH
County Grundy Registration District No. 330
Township Sugar Creek Primary Registration District No. 3017
City Trenton (No. Allen Hospital St. Ward)

2. FULL NAME Frank Lee Leavitt

(a) Residence, No. St., Ward. Gilman City, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | W | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15-1891

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 40 | 9 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Sept 17 - 1932
11. Total time (years) spent in this occupation 20

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

FATHER
13. NAME John W Leavitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Jennie E Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Myrtle Leavitt (ADDRESS) Gilman City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilman City Mo DATE Sept 22 - 1932

19. UNDERTAKER E D Hawkins (ADDRESS) Gilman City Mo

20. FILED Oct 1932 E E Duffy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1932, to Sept 20, 1932
I last saw h.im alive on Sept 20, 1932. Death is said to have occurred on the date stated above, at 12-P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fat Embolism following Fracture of right femur | 9-17-32 |

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? Accident Date of injury 9-17, 1932
Where did injury occur? His home - Gilman City, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
His own field
Manner of injury Team ran over him
Nature of injury Fracture right femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C O Hallum, M. D.
(Address) Trenton Mo

OCT 28 1932

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.