WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT REC...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 28 1932

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

Do not use this space.

30028

1. PLACE OF DEATH
80 County Pettis — Registration District No. 668 — File No.
Township Cedar — Primary Registration District No. 5894 — Registered No. 244
City Sedalia (No. ..., ... St. ... Ward)

2. FULL NAME Leo English
(a) Residence, No. R. F. D. 5 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1932

7. AGE — YEARS — MONTHS — DAYS 1 — If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

FATHER
13. NAME Arthur English
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Mo Pettis Co

MOTHER
15. MAIDEN NAME Lucindia Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Mo Pettis Co

17. INFORMANT (ADDRESS) Lucindia English Sedalia R-FD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE Sept 12 1932

19. UNDERTAKER (ADDRESS) F. L. Ferguson Sedalia Mo

20. FILED 9-12 1932 J. G. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to Sept 11, 1932
I last saw him alive on Sept 10, 1932 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset
82A

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) Chas. M. Neal, M. D.
(Address) Sedalia Mo