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 24 1933

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

Do not use this space.

10329

File No.

Registered No. 20.

64 1. PLACE OF DEATH

County Marion — Registration District No. 548

2 Township Liberty — Primary Registration District No. 4323

City Palmyra (No. , St. Ward)

2 2. FULL NAME Joseph C. Ledbetter

(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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Garrison Ledbetter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1856

7. AGE: YEARS 76 — MONTHS 10 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation: Life

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe Missouri

FATHER

13. NAME: Issac Ledbetter

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: No record

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Mrs. O.S. Schnitzer Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Greenwood Cem.
PLACE Palmyra, Mo. DATE 3/28/33, 19

19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED March 27, 1933 Nina S. Tucker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 26, 1933, to Mch 26, 1933

I last saw him alive on Mch 26, 1933. Death is said to have occurred on the date stated above, at 6:a.m.

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

Chronic interstitial nephritis. — Date of onset

131

1326 131

Other contributory causes of importance:

Uremia

Name of operation none — 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) W. C. Oneal, M. D.

(Address) Palmyra Mo.