

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.

MAY 22 1933

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

Do not use this space.

12608

1. PLACE OF DEATH
 17 County Small Registration District No. 134
 Township Rockford Primary Registration District No. 5187
 City Leasport (No. _____) St. _____ (Ward) 5

2. FULL NAME Lea N. Slank
 (a) Residence, No. _____ St. _____ Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W. 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-28-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____hrs. or _____min.
68 4 19

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. Latex
 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) Ohio

FATHER
 13. NAME B. S. Slank
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Nancy Wautinbur
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Eva Slank (ADDRESS) Leasport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley DATE April-19-33

19. UNDERTAKER Wesley (ADDRESS) Leasport Mo

20. FILED Apr. 18 1933 Mrs. Boss Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-17-1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932, to April 17 1933
 I last saw him alive on April 6 1933 Death is said to have occurred on the date stated above, at Leasport Mo.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of liver Date of onset _____
466
 Other contributory causes of importance:
466 Diabetes
59
 Name of operation Removal of Prostate Date of _____ 1932
 What test confirmed diagnosis Microscopic 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. B. Brown, M. D.
 (Address) Leasport Mo

