

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.

12741

1. PLACE OF DEATH  
 25 County Clinton Registration District No. 207  
 Township Concord Primary Registration District No. 5286  
 City Plattsburgh (No. 1) St. 1 Ward 1

2. FULL NAME Leah Jane Willson  
 (a) Residence, No. RFD 10 Plattsburgh, Mo. Ward 1  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

File No. 20  
 Registered No. 12

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 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 James H. Willson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1882  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 50 8 10  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Sept 9, 1932  
 11. Total time (years) spent in this occupation 48  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 13. NAME Jacob Brobak  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME Elizabeth Keys  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT Roscoe Arms  
 (ADDRESS) Breckinridge mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Breckinridge DATE 4/21/33  
 19. UNDERTAKER St. Joseph  
 (ADDRESS) Plattsburgh, Mo  
 20. FILED 4/20, 1933 C. W. Eastman  
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to April 14, 1933  
 I last saw him alive on April 17, 1933 Death is said to have occurred on the date stated above, at 5:35 P. M.  
 The principal cause of death and related causes of importance were as follows:  
depression of brain  
 48 48  
 Other contributory causes of importance:  
 Date of onset 10 weeks long could not walk  
 Name of operation None 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?  
 If so, specify                       
 (Signed) S. D. Reynolds, M. D.  
 (Address) Plattsburgh Mo

