

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

Do not use this space.

**23532**

50. PLACE OF DEATH  
 County Jefferson Registration District No. H 200  
 Township Waller Primary Registration District No. 5032  
 City Blackwell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 7. FULL NAME Leslie M. Villmer  
 (a) Residence, No. Blackwell Mo. (If nonresident, give city or town and State)  
 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 <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary C. Villmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 1884</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>11</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Washington Co.</u>		
MOTHER FATHER	13. NAME <u>Joseph Villmer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co.</u>	
	15. MAIDEN NAME <u>Rose Portell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co.</u>	
17. INFORMANT (ADDRESS) <u>Mary C. Villmer Blackwell Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Main Blackwell</u> DATE <u>Aug 24 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Richardson &amp; Mathews 103 1/2 S. 9th Mo</u>		
20. FILED <u>8/4 1933</u> <u>E. L. Ruggley Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from inquest on dead body of \_\_\_\_\_  
 I last saw it alive on \_\_\_\_\_ Death is said to have occurred on the date stated above at \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:  
Leslie Villmer, deceased on the 31st day of July, 1933, and that the jury duly empaneled by me, returned a verdict that said deceased came to his death from injuries inflicted from being struck by Mo. Pac. R.R. Co. train No. 8 at Debot, Mo. on the 30th day of July, 1933  
 (When contributory causes of importance) \_\_\_\_\_  
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_  
 Where did injury occur? At Debot, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Coroner

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) H. W. Harris Coroner  
 (Address) \_\_\_\_\_

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.

AUG 20 1933

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