

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 11117  
City St. Louis Mo (No. Barnes Hosp.)

**24862**  
File No. 6274  
Registered No. ....  
St. .... Ward

**2. FULL NAME Dr. Leon George Brackett**

(a) Residence, No. 449 N. Skidmore St., 17 Ward, Waukegan Ill.  
(Usual place of abode) (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 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 Bessie Brackett  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk  
7. AGE YEARS 44 MONTHS DAYS If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician  
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) Oregon  
13. NAME Unk  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk  
15. MAIDEN NAME Unk  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT (ADDRESS) Dr. A. G. Buddy North Chicago Ill  
18. BURIAL, CREMATION, OR REMOVAL PLACE Waukegan Ill DATE 7-22-35  
19. UNDERTAKER (ADDRESS) Metzel & Peterson Waukegan Ill

20. FILED UL 19 1935 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-19-1935 to 7-19-1935  
I last saw him alive on 7-19-1935 Death is said to have occurred on the date stated above, at 6:20 am.

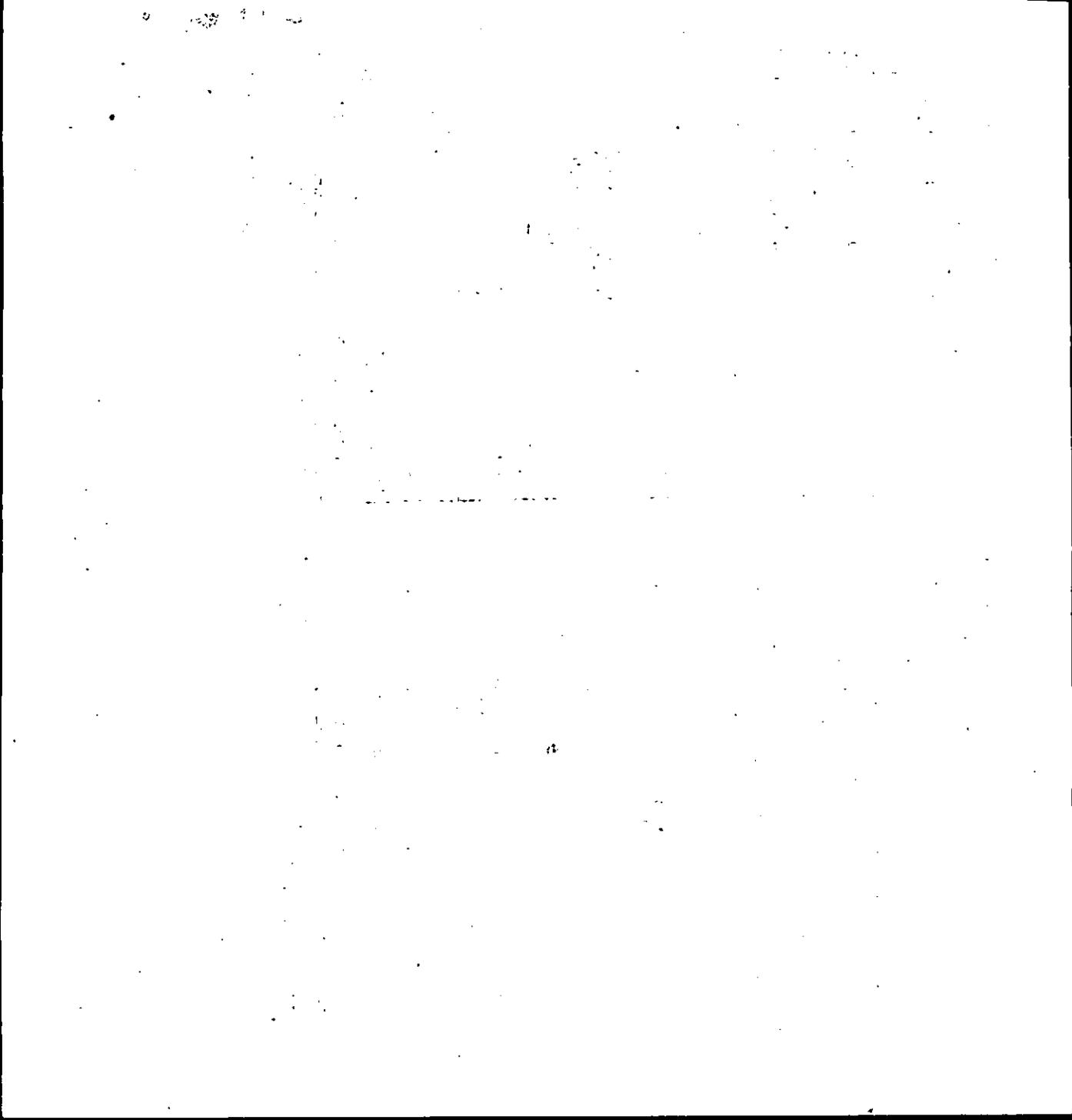
The principal cause of death and related causes of importance were as follows:  
Fracture of mediastinum (Class #193 - Post test of Cause of Death) Date of onset 1931(?)

Other contributory causes of importance: Heart failure

Name of operation no's resection of chest of 7/18/35  
What test confirmed diagnosis? Exploration of st. chest Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
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) E. W. Thore, M. D.  
(Address) BARNES HOSPITAL



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Barnes Hosp) St. .... Ward)

File No. 24862  
 Registered No. 6274

**2. FULL NAME**

(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 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

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.  
 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)

MOTHER FATHER  
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 11 1934 J. Budeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Serptiform of medulla Date of onset  
(non-malignant)  
 Other contributory causes of importance:

Name of operation ..... 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) ....., M. D.  
 (Address) .....

**SUPPLEMENTARY**

S-24862