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

Do not use this space.

27237

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Pemiscott Registration District No. 1004

Township Little Prairie Primary Registration District No. .....

City Wardell (No. ....., ... St. ..... Ward)

2. FULL NAME Leroy Brent

(a) Residence, No. ..... Wardell Mo. 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.

OCT 20 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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) Oct 16 – 1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	10	2	

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) Wardell Mo

FATHER

13. NAME J. E. Brent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maynie Ill White Co

MOTHER

15. MAIDEN NAME Lillie M. Hosaroff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maynie Ill White Co

17. INFORMANT (ADDRESS) J. E. Brent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wardell DATE 8-14 1933

19. UNDERTAKER X J. L. Greazys
(ADDRESS)

20. FILED 9-10-1933 Opal Wells
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1933, to Aug 12 1933

I last saw him alive on Aug 2 1933 Death is said to have occurred on the date stated above, at 1 a m.

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

	Date of onset
Malaria	

Other contributory causes of importance: None

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 None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Denton, M. D.

(Address) Wardell Mo.