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.

SEP 26 1933

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

Do not use this space.

27640

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1160 — File No.
10 Township Central — Primary Registration District No. 4470 — Registered No. 81
5 City University City (No. 6600, Washington Ave. St. Ward)

2. FULL NAME Mrs. Catherine Leach
(a) Residence, No. 6600 Washington St., Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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: Francis H. Leach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 2, 1861

7. AGE: YEARS 72 — MONTHS 6 — DAYS 0 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warsaw Ind.

FATHER
13. NAME: Johnathan Nine
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Martha Toms
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): Mary E. Craig, 6600 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laurel Hill DATE Aug 4 1933

19. UNDERTAKER (ADDRESS): Sheppard Funeral Home, 1167-69 Hamilton ave

20. FILED Aug 4, 1933 Lena V. Moeller D. Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Aug 2, 1933
I last saw her alive on Aug 1, 1933. Death is said to have occurred on the date stated above, at 3 45 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 9. |
| 131 Hypertension | 1931 |
| 102 | |

Other contributory causes of importance: 131

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? No
If so, specify .....
(Signed) J. Physers, M. D.
(Address) 607 N. Grand Av.