

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

Township Robertson mo

Primary Registration District No. 6.1.30

City St. Ferdinand (No. St. Ward)

File No. 30737

Registered No.

2. FULL NAME Daniel Leewright

(a) Residence, No. Robertson Mo St. Ward.

(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 Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lacrecy Leewright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 1

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. Laborer
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) Franklin County

MOTHER FATHER 13. NAME Geo. Leewright

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Lacrecy Leewright (ADDRESS) Robertson mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Musie Cemetery DATE Oct 1st 1933

19. UNDERTAKER Othel M. Styles (ADDRESS) 3029 Caroline st

20. FILED 10-3 1933 Emmie Harris Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 25 1933

22. I HEREBY CERTIFY, That I attended deceased from SEP 20 1933, to SEP 25 1933. I last saw him alive on SEP 23 1933. Death is said to have occurred on the date stated above, at 12:45 m.

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

Uraemia
131
1228
Other contributory causes of importance:
Chronic nephritis
Date of onset

Name of operation None Date of What test confirmed diagnosis? 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 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. J. Williamson, M. D.
(Address) St. Louis, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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