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.

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

Do not use this space.

32057

1. PLACE OF DEATH
County Adair — Registration District No. 2 — File No.
Township Nineveh — Primary Registration District No. 5002 — Registered No. 20
City Youngstown (No. ..... St. ..... Ward)

2. FULL NAME Bessie Pearl Leininger
(a) Residence, No. Youngstown St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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: Earl Leininger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-7-1892
7. AGE: YEARS 42 — MONTHS 5 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: G. W. Stage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Agusta Marshell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Earl Leininger, Youngstown Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutz DATE 10-27- 1933
19. UNDERTAKER (ADDRESS): Dee Riley, Kirksville Mo.
20. FILED Oct 28, 1933 J S Gashwiler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 26, 1933
I last saw her alive on Oct 25, 1933 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Oct 9 1933

Other contributory causes of importance:

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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. T. Garrison, M. D.
(Address) Youngstown Mo.