

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

Do not use this space.

36399

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Harv Primary Registration District No. 1002 Registered No. 4308
 City H. E. No. 1009 Park Ave (No. 1009 Park Ave) St. _____ Ward _____

2. FULL NAME

Leonidas M. Recob,
 (a) Residence, No. 1009 Park Ave 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Recob

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-17-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller
 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) Ohio

13. NAME M. M. Recob

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT W. E. Recob
 (ADDRESS) 1009 Park Ave, H. E. No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Soldiers Home DATE Nov 4 1933

19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 718 Broadway Ave

20. FILED 11-3 1933 M. M. Crowe
asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-2-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-10-1933 to Nov-1-1933
 I last saw him alive on Nov-1-1933 Death is said to have occurred on the date stated above, at 10 a.m.

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

Angina Pectoris
complicated with
Bubercular Pneumonia
94A
107A

Date of onset

Other contributory causes of importance: None

9. Name of operation _____ Date of _____

What test confirmed diagnosis? Pathology 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? _____

If so, specify _____

(Signed) John S. Soteroffo, M. D.

(Address) Carey St. Bldg

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.

MAY 3 1934

2
2
3

