

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

Do not use this space.

39035

File No. _____
Registered No. 187 Ward _____

JAN 26 1934

1. PLACE OF DEATH
4 County Redrain Registration District No. 26
4 Township Salisbury Primary Registration District No. 3000
7 City Metola (No. _____) St. _____ Ward _____

2. FULL NAME Charles Franklin Leubich
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>11</u>	<u>7</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School Child

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) Gardner City Kansas

13. NAME Boyd S. Leubich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halleville Mo.

15. MAIDEN NAME Mary J. Swanson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meosha Rapids Kansas

17. INFORMANT Boyd S. Leubich (ADDRESS) Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 12/15 1933

19. UNDERTAKER (ADDRESS) W. J. McDonald Centralia Mo

20. FILED 12-15 1933 Geo. D. Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1933, to December 13, 1933
I last saw him alive on December 13, 1933. Death is said to have occurred on the date stated above, at 4:30 A. M.
The principal cause of death and related causes of importance were as follows:
Diabetic Coma
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Other contributory causes of importance:
Sugar Blood Sugar

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? no

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? no (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) Paul E. Cook _____, M. D.
(Address) Meosha Mo

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.

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