

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

Do not use this space.

40461

PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Townships Galena Primary Registration District No. 2002 Registered No. _____
 City Jasper (No. St. John's Hospital) St. _____ Ward _____

2. FULL NAME

David Brooks Ledbetter
 (a) Residence, Hecks, Newton County, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Childs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4 1926</u>		
7. AGE	YEARS <u>7</u>	MONTHS <u>1</u>
	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>New Mexico</u>		
FATHER	13. NAME <u>D. B. Ledbetter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
MOTHER	15. MAIDEN NAME <u>Ma Spaulding</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Mexico</u>	
17. INFORMANT (ADDRESS) <u>D. B. Ledbetter, Hecks, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hecks, Mo. DATE 12-10-33</u>		
19. UNDERTAKER (ADDRESS) <u>Don't know</u>		
20. FILED <u>12-11-1933</u> <u>Ed D. James</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1933 to Dec 10 1933

I last saw him alive on Dec 10 1933 Death is said to have occurred on the date stated above, at 2:40 AM

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

Date of onset Dec 6 1933

Other contributory causes of importance:
10 SA 10

Name of operation Tracheotomy Date of 12-10-33

What test confirmed diagnosis? Culture 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? _____ (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) Wardell A. Pitt M. D.
 (Address) 405-7, Inc. Belle
Jasper, 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 very important.

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