

FEB 27 1934

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

Do not use this space.

1764

1. PLACE OF DEATH

County Lawrence
Township Vinyard
City Bowers Mills, Mo. (No. 719)

Registration District No. 477
Primary Registration District No. 5636

File No.
Registered No.
St. Ward)

2. FULL NAME

James Wesley Leuder

(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 1931</u>		
7. AGE YEARS <u>2</u>	MONTHS <u>5</u>	DAYS <u>0</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>X</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>X</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co. Mo</u>		
FATHER	13. NAME <u>Marion Leuder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co. Mo</u>	
MOTHER	15. MAIDEN NAME <u>Tonia Young</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co. Mo</u>	
17. INFORMANT <u>Marion Leuder</u> (ADDRESS) <u>Bowers Mills, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright Co. Mo</u> DATE <u>Jan 15 1934</u>		
19. UNDERTAKER <u>Geo. B. Orr</u> (ADDRESS) <u>Wright Co. Mo</u>		
20. FILED <u>2-8</u> 19 <u>34</u> <u>The H Powell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 7 1934, to Jan 13 1934
I last saw them alive on Jan 13 1934. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Intestinal Infection
Escherichia

Other contributory causes of importance:
110

Name of operation 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) D. L. Holmes M. D.
(Address) J. Miller Mo

