

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.

APR 2 1934

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

Do not use this space.

10041

1. PLACE OF DEATH

County Platte
Township Lawrence
City (No. _____) _____

Registration District No. 696
Primary Registration District No. 5924

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Engene Leowbarger

(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 2 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>divorced</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16, 1869</u> | | | | |
| 7. AGE | YEARS <u>66</u> | MONTHS <u>10</u> | DAYS <u>28</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>of County</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u> | | | |
| | 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>Mo</u> | | | | |
| MOTHER FATHER | 13. NAME <u>Geo. W. Leowbarger</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | | | |
| | 15. MAIDEN NAME <u>Elizabeth Bennett</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | | | |
| 17. INFORMANT <u>Platte County Home Record</u> (ADDRESS) <u>Platte City, Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Candler Funeral Hse.</u> DATE <u>3-15-34</u> | | | | |
| 19. UNDERTAKER <u>J. H. Wolcott</u> (ADDRESS) <u>Platte City, Mo.</u> | | | | |
| 20. FILED <u>Apr 2 1934</u> <u>Mrs. Frances E. Murray</u> Registrar | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1934

22. I HEREBY CERTIFY; That I attended deceased from March 16, 1934 to March 17, 1934
I last saw him alive on March 16, 1934 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic arteriosclerosis
hypertension
Date of onset 10/1/08

Other contributory causes of importance
Chronic arteriosclerosis
hypertension

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) Walter Murray, M. D.
(Address) Platte City, Mo.

