

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

Do not use this space.

APR 25 1934

10070

1. PLACE OF DEATH

County Ralls  
Township Center  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 723-  
Primary Registration District No. 5-95-6

File No. ....  
Registered No. ....

2. FULL NAME Thomas M Leake

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934, to March 30, 1934  
I last saw him alive on March 29, 1934. Death is said to have occurred on the date stated above, at 1 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17-1854

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 7 13

Influenza  
11/1/34  
Date of onset 3/29/34

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Fabric  
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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

13. NAME J. B. Leake

Name of operation ..... Date of .....  
What test confirmed diagnosis? Ums Was there an autopsy? No

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

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)

15. MAIDEN NAME Polly Leake

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Myrtle E. Elliott

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul DATE March 31, 1934

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

19. UNDERTAKER (ADDRESS) W. H. Couch, Center mo

(Signed) W. P. Balle, M. D.  
(Address) Center, Mo.

20. FILED Mar 31, 1934 J. T. Howard Registrar

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.

