

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau Registration District No. 5-774B File No. 25591
 Township Burris Fork Primary Registration District No. 2-1-4 Registered No. 20
 City Russellville, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Henry G. Leithauser

(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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>3</u>	<u>2</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Florist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this life occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Babbtown Mo.

MOTHER FATHER
 13. NAME Henry Leithauser

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

MOTHER
 15. MAIDEN NAME Katherine Brant

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

17. INFORMANT Mrs. Magdalene Leithauser
 (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL 7/12/34
 PLACE St. Johns Luth. Cem. Babbtown, Mo.

19. UNDERTAKER Hugo H. Schubert
 (ADDRESS) Russellville, Mo.

20. FILED July 10 1934 Mrs. H. L. Embel
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1934, to 7-10, 1934
 I last saw him alive on 7-10, 1934. Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis Date of onset 6-23-34
Chronic myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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.

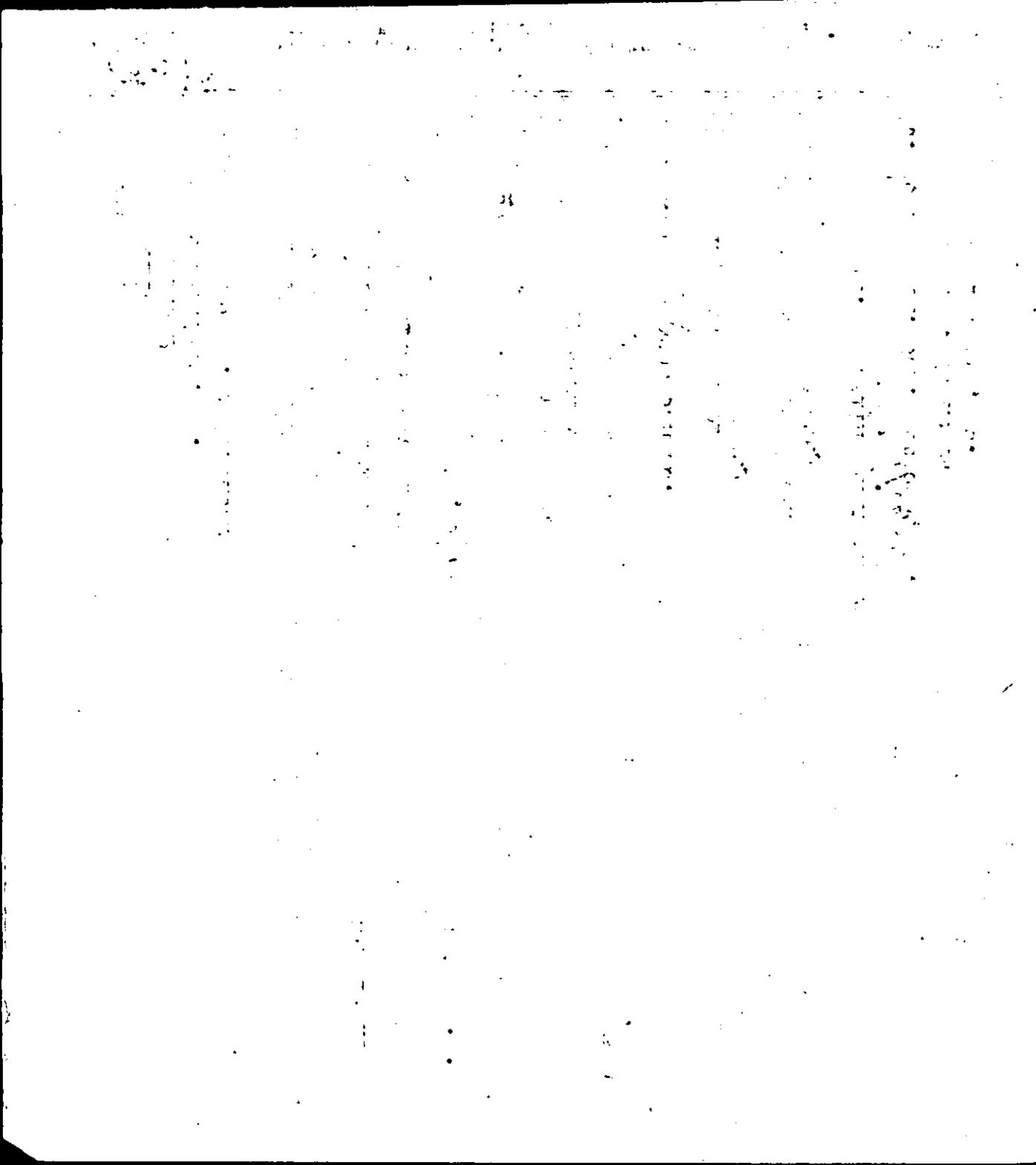
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. T. Leslie, M. D.
 (Address) Russellville, Mo.

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.

AUG 21 1934

W. W. M. O.



Nonresident

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Henry G Leithausen
Who died at _____ on July 10 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 60 Months 3 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: as reported, Chronic Myocarditis

Caused death acute Rhephitis with uremia

was terminal stage

Other contributory causes of importance Chronic myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

X Signature of Registrar J. H. Entwistle Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 214

Very truly yours,

E. J. McLaughlin

Primary Reg. Dist. No. 4130

Special Agent.

S-25591