

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

Do not use this space.

SEP 11 1934

28740

1. PLACE OF DEATH

County.....Cole..... Registration District No. 213
Township..... Primary Registration District No. 3014
City Jefferson (No. St. Mary's Hospital)

File No.
Registered No. 239
St. Ward)

2. FULL NAME James Henry Leuthen

(a) Residence, No. 903 E. McCarty 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>10</u>	<u>10</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school

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) Jefferson City, Mo.
(STATE OR COUNTRY)

13. NAME Joseph A. Leuthen

14. BIRTHPLACE (CITY OR TOWN) St. Thomas, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Eliz. Cortvrient

16. BIRTHPLACE (CITY OR TOWN) Taos, Mo.
(STATE OR COUNTRY)

17. INFORMANT Jos. A. Leuthen
(ADDRESS) 903 E. McCarty St. J. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's DATE Aug. 16, 1934

19. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 8/13/1934 Dr. Bedford Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934, to Aug 12, 1934
I last saw him alive on Aug 12, 1934 Death is said to have occurred on the date stated above, at 3:20 m.

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

Tetanus following an abrasion on leg on Aug 6-34
27
1934

Other contributory causes of importance:

27

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 Aug 6, 1934
Where did injury occur? at home
(Specify city or town, county, and State)

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

Manner of injury abrasion on leg
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Jos. A. Hill M. D.
(Signed) Jefferson City, Mo.
(Address)

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 is very important.

