

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 1513 Olive St. St. _____ Ward _____)

2. FULL NAME

Otto H. Leak

(a) Residence, No. 1513 Olive St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Leak</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June, 14, 1873</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>
	DAYS <u>23</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>Clerk, Wholesale</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grocery Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Sept, 1934</u>
	11. Total time (years) spent in this occupation <u>30</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Utica, New York.

13. NAME Henry Leak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown, Germany

15. MAIDEN NAME Florentina Engler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown, Germany

17. INFORMANT Mrs. Bertha Leak
(ADDRESS) 1513 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cemetery DATE Sept. 10, 1934

19. UNDERTAKER (ADDRESS) Walter Meierhoffer
1302 Faraon St., St. Joseph, Mo.

20. FILED SEP 10 1934
John R. Beresford
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1934 to Sept. 7, 1934

I last saw h. i. m. alive on Sept. 4, 1934 Death is said

to have occurred on the date stated above, at 2.40 m. A. M.

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

Angina Pectoris (Coronary Embolism) Date of onset Sept. 3, 1934

131
94 B

Other contributory causes of importance:
Interstitial Nephritis 1932

Name of operation none 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 _____, 1934

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? NO

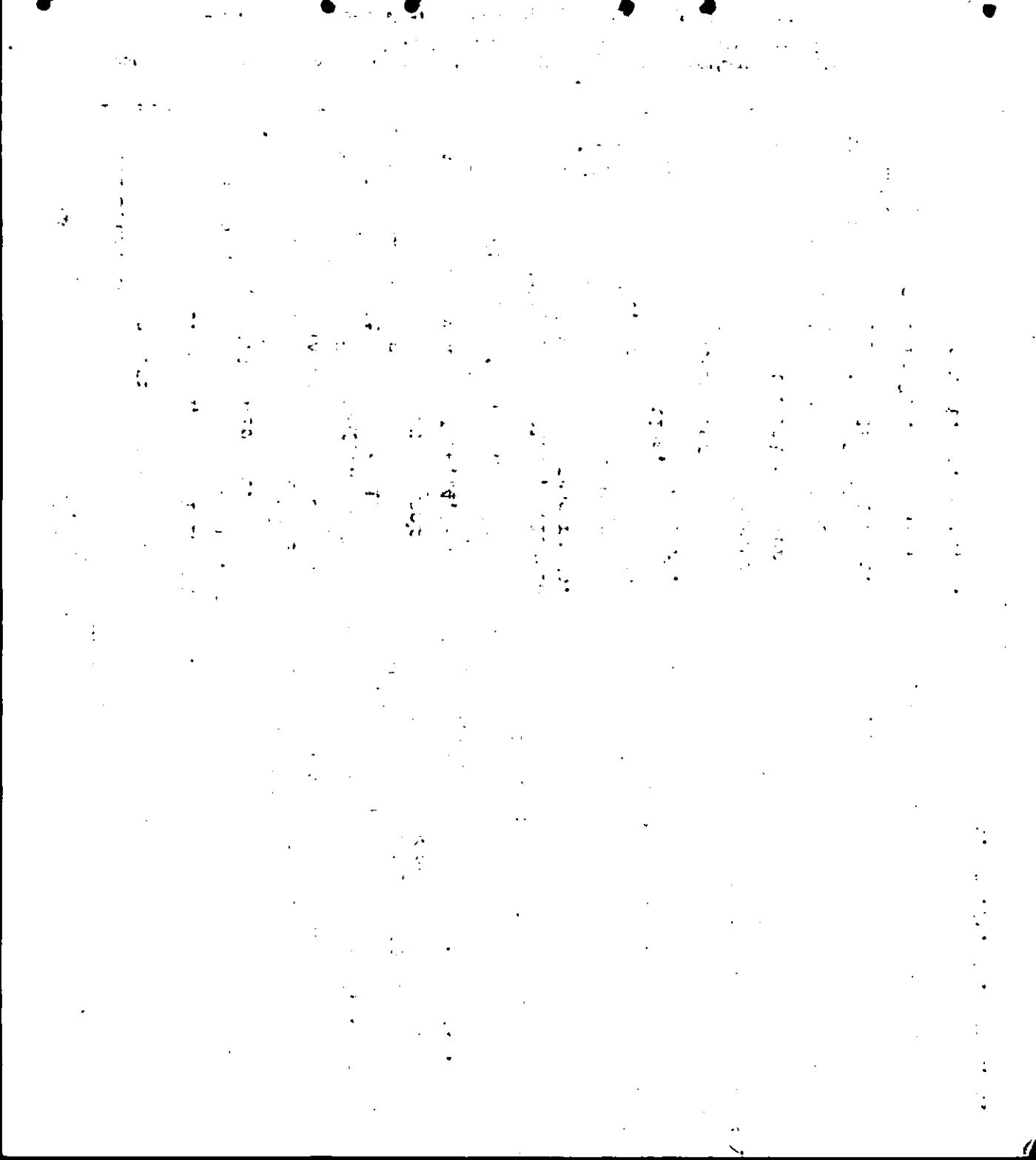
If so, specify Coronary Artery

(Signed) John R. Beresford, M. D.

(Address) 847 So. 19th. St. St. Joseph, Mo.

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.



WASHINGTON

1037

St Joseph
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: Otto H Leek
Who died at _____ on Sept 7 - 1931
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 61 Months 2 Days 25

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: Angora Pectans Coronary Embolism. Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Interstitial nephritis
Chronic Nephritis

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 J.D. Wright

Address of physician 847 So 19th St.

Signature of Registrar John R. Bender 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.

Very truly yours,

E. T. McGaugh

State Registrar

Special Agent.

Reg. Dist. No. 85

Primary Reg. Dist. No. 1001

S-3199Z