

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.

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

Do not use this space.

OCT 11 1934

1. PLACE OF DEATH: 14-7804
 County Callaway Registration District No. 104
 Township Gulton Primary Registration District No. 3008
 City Gulton (No.) St. Ward (....)

2. FULL NAME Richard Leake
 (a) Residence, No. Hannibal Mo. 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. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 32125
 Registered No. 242

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) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 6 5 - -

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Worker
 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.....

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 15. MAIDEN NAME

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

17. INFORMANT Records of State Hospital
 (ADDRESS) Gulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hannibal Mo. DATE Sept 7 1934

19. UNDERTAKER Wm. Smith
 (ADDRESS) Hannibal Mo.

20. FILE Sept 6 1934 R. N. Green
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1934

22. I HEREBY CERTIFY, THAT I attended deceased from Sept 21 1934 to Sept 6 1934
 I last saw him alive on Sept 6 1934 Death is said to have occurred on the date stated above, at 11:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset

Other contributory causes of importance:
97

Name of operation Date of
 What test confirmed diagnosis? 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? no
 If so, specify

(Signed) J. S. Rapp M. D.
 (Address) Gulton, Mo.

