

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

✓ Do not use this space.

OCT 17 1934

33750

1. PLACE OF DEATH

822

County Pike
Township Buffalo
City Leroy (No. 1)

Registration District No. 689
Primary Registration District No. 3914

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Leroy Ledbetter 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 Black 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) 8/24-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) (STATE OR COUNTRY) Louisiana Mo

13. NAME James Ledbetter

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

15. MAIDEN NAME Emma Sanders

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

17. INFORMANT (ADDRESS) James Ledbetter Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenview DATE 9/6 30

19. UNDERTAKER (ADDRESS) J. O. Nalley Louisiana Mo

20. FILED 9/4 1934 J. O. Nalley Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1934 to 9-3 1934
I last saw him alive on 9-3 1934 Death is said to have occurred on the date stated above, at 10:35 m.
The principal cause of death and related causes of importance were as follows:
acute indigestion Date of onset 9-2/34
118 124

Other contributory causes of importance:

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 Yes
(Signed) J. O. Nalley M. D.
(Address) Louisiana Mo

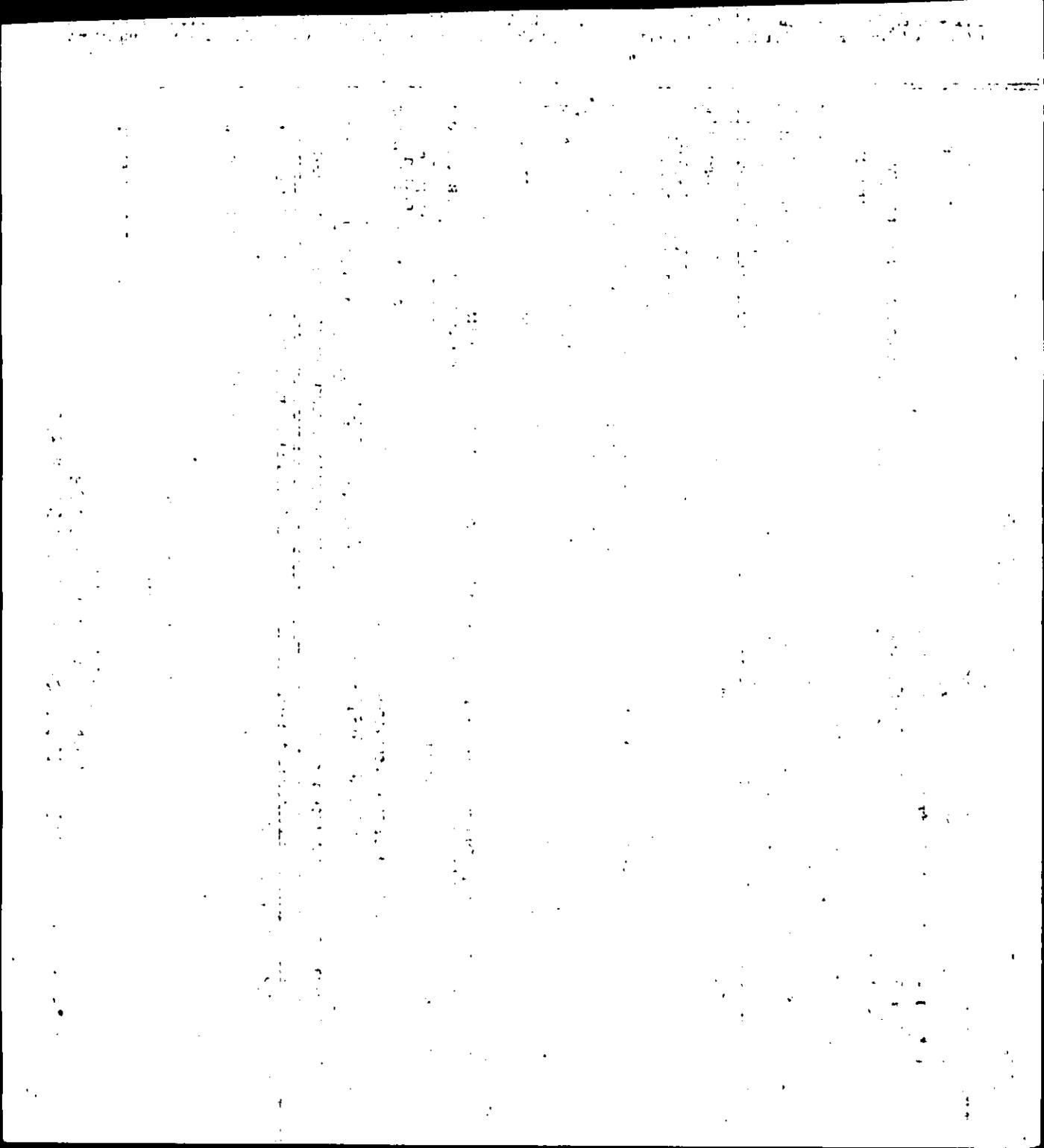
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

J. O. Nalley

2037

22

21



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County *Pike*
Township *Buffalo*
City *Buffalo*

Registration District No. *689*
Primary Registration District No. *5919*

File No.
Registered No.
St. Ward)

2. FULL NAME

Leroy Leebetter

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *B* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
write the word

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-24-1880*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 19.. *[Signature]* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-3-1934*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Acute indigestion
ate something that disagreed with him
Date of onset

Name of operation Date of.....
What test confirmed diagnosis? Was there an autopsy?.....

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)....., M. D.
(Address).....

SUPPLEMENTARY

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