

MAY 23 1935

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

Do not use this space.

12121

## 1. PLACE OF DEATH

County Collaway  
Township Antwerp  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 105-  
Primary Registration District No. 5755-

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Murven Ernest Leeper

(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. 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>Maggie May Leeper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 - 1890</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>10</u>
	DAYS <u>29</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>Farmer</u>	
	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 _____

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934, 19\_\_\_\_ to April 4 1935, 19\_\_\_\_  
I last saw him alive on April 3 1935, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 3 A m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
arteriosclerosis  
Hypertension  
93B

Date of onset May 1934

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) Dr. W. Herbert Truman, M. D.  
(Address) Reedsville Mo

12. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) Collaway Co

FATHER

13. NAME Jack Leeper

14. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY) 15

MOTHER

15. MAIDEN NAME Lizzie Parreia

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) Collaway Co

17. INFORMANT Mrs. Maggie May Leeper  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rebel Church DATE 4-5-1935

19. UNDERTAKER Geo. G. Wallace  
(ADDRESS) Fulcrum Mo

20. FILED 4-6-1935 W. J. Williamson  
Registrar.

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.

