

SEP 18 1935

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

Do not use this space.

25699

1. PLACE OF DEATH

County Buchanan Registration District No. 86  
Township Washington Primary Registration District No. 527  
City Washington (No. 5 Mi. East of St. Joseph on Hwy. #36 st. 65 Ward)

2. FULL NAME

George Leeper  
(a) Residence, No. Wash. Twp. St.          Ward.           
(Usual place of abode)  
Length of residence in city or town where death occurred 12 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 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) Jan. 15, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 7 1

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kleibradt Inn.

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) Atchison, Co., Kansas Mo.

13. NAME H. H. Leeper

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

15. MAIDEN NAME Nancy Swain

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

17. INFORMANT (ADDRESS) Bert L. Leeper 1111 No. 18th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Memorial Park Cem. Aug. 19, 1935

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

20. FILED AUG 19 1935 J. J. Buntzel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1934, to Jan 10, 1935  
I last saw him alive on Jan 10, 1935 Death is said to have occurred on the date stated above, at 10.45 m. A.M.  
The principal cause of death and related causes of importance were as follows:  
Acute Coronary Thrombosis (Date of onset 1 day)

Other contributory causes of importance:  
Coronary Atherosclerosis  
Arterio Sclerosis - General (?)

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         , 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. W. Carle M. D.  
(Address) Phys. & Surg. Bldg., St. Joseph, Mo.

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.

