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

Do not use this space.

NOV 20 1935

35000

1. PLACE OF DEATH
County Worth — Registration District No. 943
Township Fletchall — Primary Registration District No. [illegible]
City Grant City, Mo. (No. ..... St. ..... Ward) — File No. ..... Registered No. .....

2. FULL NAME Frank M. C. Leish

(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28, 1869

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	7	23	

OCCUPATION

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

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) July 1935 — 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allendale Mo.

FATHER

13. NAME Duncan M. C. Leish

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

MOTHER

15. MAIDEN NAME Martha White

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

17. INFORMANT (ADDRESS) Ellen M. C. Leish, Allendale, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Grove DATE 10/23/1935

19. UNDERTAKER (ADDRESS) Jack C. Dunfee, Grant City, Mo.

20. FILED 11-9, 1936 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Oct 1, 1935
I last saw h[illegible] alive on Oct 18, 1935 Death is said to have occurred on the date stated above, at 6 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	33
92 d	

Other contributory causes of importance: ✓

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) [signature] , M. D.
(Address) Grant City 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.