WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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1. PLACE OF DEATH FEB 17 1930

County Buchanan, Registration District No. 2

Township Primary Registration District No. 1001

City St. Joseph, (No. 1623 Boyd, St. Ward)

File No.

Registered No. 131

2. FULL NAME Raymon Gene Leichti,

(a) Residence, No. 1623 Boyd, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) April 8, 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
6	9	23	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) January 1936

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME Frank E. Leichti,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

MOTHER

15. MAIDEN NAME Letha Hogue,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guilford, Missouri,

17. INFORMANT (ADDRESS) Frank E. Leichti 1623 Boyd Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Feb'y. 3rd 1936

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 So. 10th. St. Funeral Home

20. FILED 2-3 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 31st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1936, to Jan 31st, 1936

I last saw him alive on Jan 31, 19 Death is said to have occurred on the date stated above, at 6:45 p.m.

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

Acute Pericarditis following influenza

Date of onset

Other contributory causes of importance:

11B

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) Dr. [illegible], M. D.

(Address) St Joseph Mo