

MAY 18 1936

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

Do not use this space.
14271

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. _____
Township _____ Primary Registration District No. 3007 Registered No. 113
City Poplar Bluff, Mo. (No. Poplar Bluff Hospital St. _____ Ward _____)

2. FULL NAME

Leiner
(a) Residence, No. Marmaduke, Ark. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1887 apr 26

7. AGE YEARS MONTHS DAYS At LESS than 1 day, hrs. min.
48 11 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman
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) Pectus Arkansas

FATHER 13. NAME Seaford Leiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) of Berlin Germany

MOTHER 15. MAIDEN NAME Elise Vest

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

17. INFORMANT (ADDRESS) Mr. Leo Forer

18. BURIAL, CREMATION, OR REMOVAL PLACE Pectus Ark DATE April 24 36

19. UNDERTAKER (ADDRESS) Funeral Home Pectus Ark

20. FILED 4/24 36 O.C. Outwater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19 1936 to April 23 1936
I last saw him alive on April 23 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar bilateral Date of onset 4-15-36

Other contributory causes of importance: 108
Name of operation _____ Date of _____
What test confirmed diagnosis? Truancy 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) B.G. Decker, M. D.
(Address) Poplar Bluff 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.

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

