

JUN 23 1936

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

Do not use this space.

19832

1. PLACE OF DEATH

County Wagoner
Township Wagoner
City Wagoner (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 60 St. Ward

2. FULL NAME

Leander Leon Ashcraft
(a) Residence, No. 222 S. Main St. Ward.

(Usual place of abode) 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. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carric Ashcraft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1866

7. AGE YEARS 69 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Abstractor
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) Logansport, Indiana

FATHER 13. NAME W. A. Ashcraft

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

MOTHER 15. MAIDEN NAME Emily Brown

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

17. INFORMANT Miss Corry Ashcraft (ADDRESS) Wagoner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem 5/19 1936

19. UNDERTAKER Wagoner Undertaking Co (ADDRESS) Wagoner, Mo.

20. FILED 5-18 1936 J. L. Orange Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12 1936 to May 17 1936

I last saw him alive on May 12 1936 Death is said to have occurred on the date stated above, at 2 P m.

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

Suppurative Cholangitis Date of onset

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Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) Mrs. Leighton W. O., M. D.
(Address) Wagoner, Mo.

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.

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