

JUL 24 1936

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

Do not use this space.

23149

1. PLACE OF DEATH *Jackson*
 County *Jackson* Registration District No. *399*
 Township *Jackson City* Primary Registration District No. *1007* File No. *3082*
 City *Jackson* (No. *303 Brush Creek*) St. *Jackson* Ward *1*
 2. FULL NAME *Frankie Leyendecker*
 (a) Residence, No. *303 Brush Creek* St. *Jackson* Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 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 *Adolph A. Leyendecker*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 25 - 1874*
 7. AGE YEARS *63* MONTHS *6* DAYS *3* IF LESS THAN 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 18 1936*
 22. I HEREBY CERTIFY That I attended deceased from *3/15 1936* to *6/18 1936*
 I last saw her alive on *6/18 1936* Death is said to have occurred on the date stated above, at *9:45 P.M.*
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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) *Saris France*
 13. NAME *DeGueronde*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*
 15. MAIDEN NAME *Don't know*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*
 17. INFORMANT (ADDRESS) *Adolph A. Leyendecker*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Long Hill* DATE *7/1 1936*
 19. UNDERTAKER (ADDRESS) *F. J. O'Donnell*
 20. FILED *6/30 1936* *M. M. Grant* Registrar.

Acute Myocardial Failure Date of onset *6/18/36*
Ventricular Fibrillation *6/18/36*
 Other contributory causes of importance: *Chronic Myocardial* *5/36*
Atrial Fibrillation *5/36*
Arterial Hypertension *?*
 Name of operation *none* Date of *none*
 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? *no* Date of injury *no*, 19____
 Where did injury occur? *no* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *no*
 Manner of injury *none*
 Nature of injury *none*
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *S. A. Roy M.D.*, M. D.
 (Address) *1225 Rialto Bldg.*

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.

Dr. G. G. Hall
Apr 3 1871
