

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

Do not use this space.

AUG 22 1936

27296

**1. PLACE OF DEATH**

County Macon  
 Township Round Grove  
 City Macon (No. 3)

Registration District No. 533  
 Primary Registration District No. 5721

File No. \_\_\_\_\_  
 Registered No. 86 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mary B. Leuck

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Asa Leuck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1842

7. AGE YEARS 94 MONTHS 5 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home wife

10. If deceased, worked at \_\_\_\_\_ (month and \_\_\_\_\_) 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

13. NAME Levi Cox

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

15. MAIDEN NAME Lucey Wines

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

17. INFORMANT Mrs Layne Chapel (ADDRESS) Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE July 7, 1936

19. UNDERTAKER Stephens & Gooding (ADDRESS) Macon, Mo.

20. FILED 8/11, 1936 Leota Newnan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1936

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on July 3, 1936. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Summ. Corpse, Curbs  
Heart and Kidney  
Complications  
Chronic cardio-vascular renal  
 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) A. M. K. Case, M. D.

(Address) Macon Mo



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