

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.

THIS IS A PERMANENT RECORD

SEP 18 1936

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

Do not use this space.

29945

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township St Joseph Primary Registration District No. 1001  
City Mo Birch Hosp (No. Mo Birch Hosp)

File No. \_\_\_\_\_  
Registered No. 1049  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. 728014 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/24-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 4 20

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Welder  
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) 1922  
11. Total time (years) spent in this occupation 25

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

FATHER  
13. NAME W. L. Leach

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

MOTHER  
15. MAIDEN NAME Ruth Marshall

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

17. INFORMANT (ADDRESS) Mr. Roy Beighler

18. BURIAL, CREMATION, OR REMOVAL PLACE Sobacha Co. DATE 8/16/36

19. UNDERTAKER (ADDRESS) J. F. Stirling

20. FILED Aug 25 1936 W. H. Nestlebury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1936  
22. I HEREBY CERTIFY, That I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_.

to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
930  
Other contributory causes of importance: no gods

Name of operation No Date of No  
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? No  
If so, specify \_\_\_\_\_  
(Signed) J. H. Thomas Cowner, M. D.  
(Address) 721 Barron

