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.

SEP 24 1936

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

Do not use this space.

31394

1. PLACE OF DEATH
County: Jasper — Registration District No.: 4 11 — File No.:
Township: Sheffield — Primary Registration District No.: 2002 — Registered No.:
City: Sheffield (No. R.R. 2 St. Ward)

2. FULL NAME: George Lorain Paul Leslie
(a) Residence No. R.R. 2 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16 1904

7. AGE — YEARS: 31 — MONTHS: 5 — DAYS: 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm Drain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wholesale Farm
10. Date deceased last worked at this occupation (month and year): 8/24/36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

FATHER
13. NAME: Orlando Leslie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Stella Stutzenberger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ottumwa Iowa

17. INFORMANT (ADDRESS): Orlando Leslie Joplin, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forest Park — DATE: 8/27 36
19. UNDERTAKER (ADDRESS): Anderson & Reed Co Joplin, Mo.
20. FILED: 8-27 1936 — Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1936, to Aug 25, 1936, I last saw him alive on Aug 25, 1936. Death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock and Hemorrhage accidentally inflicted	

Other contributory causes of importance:
Laceration in lungs
Gunshot wound

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? Accident Date of injury: 8-24 1936
Where did injury occur? In my Thresher while working (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On farm while threshing
Manner of injury: Gun shot
Nature of injury: Gun shot wound
24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed): W. J. Hogan, M. D.
(Address): Sheffield