

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

OCT 21 1936

34150

1. PLACE OF DEATH

County

Township

City

*Irene*

*Springfield*

(No.

Registration District No.

Primary Registration District No.

(No.

*318*  
*2001*  
*Ramsay*

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.  
(Usual place of abode)

*John F. Leedy*  
*2254 N. Ramsay*

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 *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 *Malissa E. Leedy*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 16, 1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*85 9 23*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer* 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) *Washington Co. Va*

MOTHER 13. NAME *A. G. Leedy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington*

17. INFORMANT (ADDRESS) *Malissa E. Leedy Springfield, Mo*

18. BURIAL, CREMATION, OR REMOVAL *At Elmwood* DATE *Sep. 11, 1936*

19. UNDERTAKER (ADDRESS) *Franklin & Co. Springfield, Mo.*

20. FILED *9/10 1936* *W. Chas. A. George* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 9, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 21, 1936* to *Sept 9, 1936*  
I last saw him alive on *May 12, 1936*. Death is said to have occurred on the date stated above at *4:30* p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic cardio-vascular disease (hypertensive) ?  
Other contributory causes of importance:  
*1st*

Name of operation *none* Date of *1936*  
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? \_\_\_\_\_ 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 *Arthur W. Knabb*, M. D.  
(Signed) \_\_\_\_\_ (Address) *425 W. E. Connel St.*

