

NOV 20 1936

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

Do not use this space.

36847

1. PLACE OF DEATH

County Buchanan Registration District No. 86 File No. _____
Township Washington Primary Registration District No. 5127 Registered No. 82
City Industrial City (No. Industrial City Sub. _____ Ward _____)

2. FULL NAME Mrs. Isabelle Leut

(a) Residence, No. Industrial City Sub. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 Charles W. Leut
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 17

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

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) Glennwood
(STATE OR COUNTRY) Loeava

13. NAME Wm Hobson

14. BIRTHPLACE (CITY OR TOWN) W Carolina
(STATE OR COUNTRY)

15. MAIDEN NAME Lucinda Horton

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

17. INFORMANT Charles W. Leut
(ADDRESS) Industrial City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Cem DATE Oct 16 1936

19. UNDERTAKER Home Funeral Home
(ADDRESS) 10 Joseph

20. FILED Oct 24 1936 B. H. Tadlock
M.D.
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/20 1936, to 10/20 1936

I last saw her alive on 10/20 1936. Death is said to have occurred on the date stated above, 5:30 A.M.

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

Hemiplegia right side Date of onset 10/20/36

Other contributory causes of importance:

Name of operation None Date of _____

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 _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

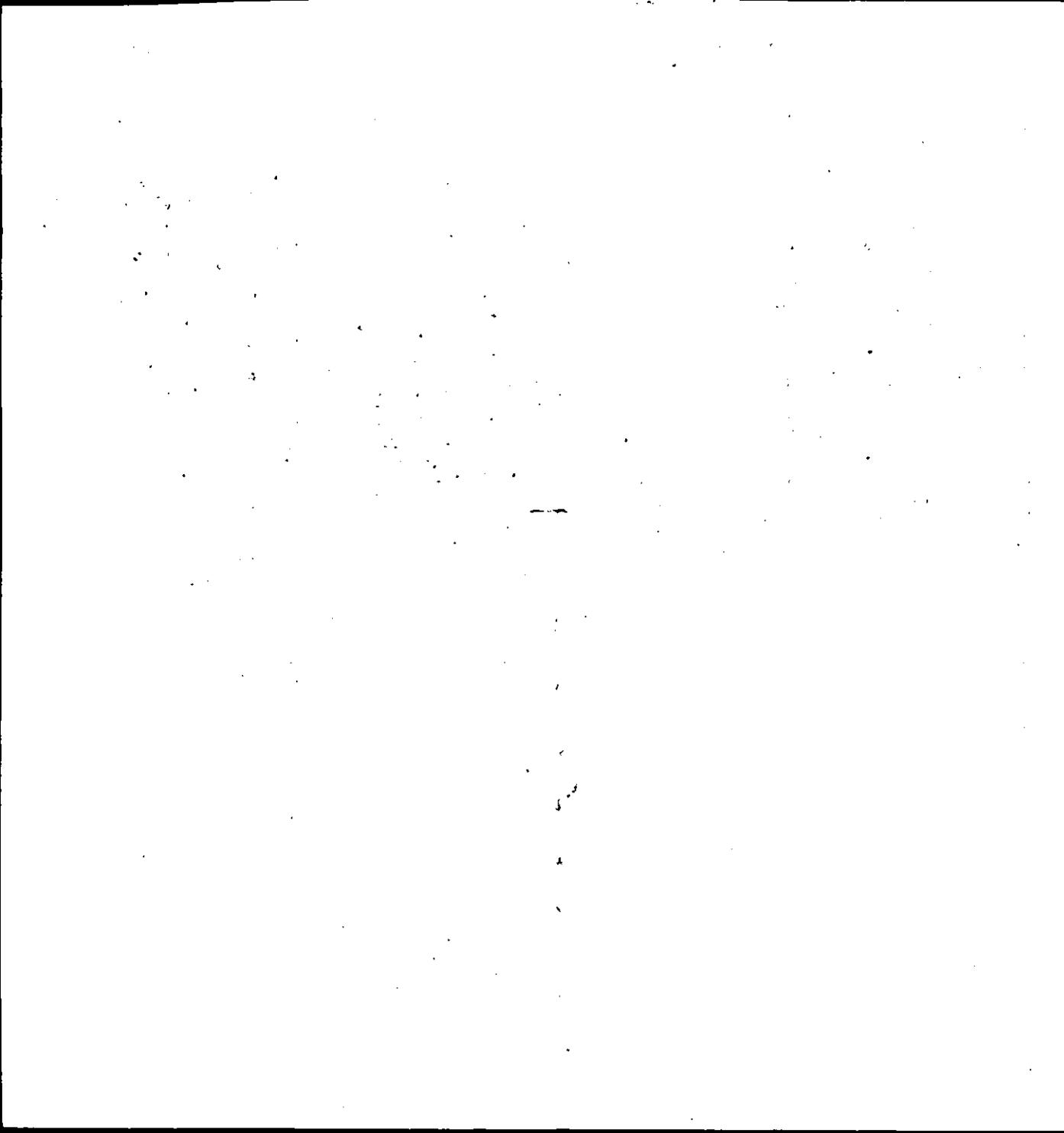
24. Was disease or injury in any way related to occupation of deceased? _____

so, specify _____

(Signed) J. V. Slaney, M. D.

(Address) 262 x St. Joseph

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



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Buchanan
Township Washington
City..... (No.)

Registration District No. 86
Primary Registration District No. 5727

File No.
Registered No. 82
St. Ward)

2. FULL NAME

Mary Isabelle Lent

(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 F 4. COLOR OR RACE A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 17

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE ..19..

19. UNDERTAKER (ADDRESS)

20. FILED Dec 21 1936 B. H. Tadlock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1936

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

I last saw him alive on .., 19.. 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: Date of onset

Hemiplegia et side
Apoplexia followed
by Hemiplegia

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) J. S. Stamey, M. D.

(Address) 2624 St Joseph ave

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUR AT

SUPPLEMENT

61189E-5