

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

NOV 20 1936

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

Do not use this space.

36956

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township \_\_\_\_\_ Primary Registration District No. 3009  
 City St Francis Hospital (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 348

**2. FULL NAME**

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>7</u>	<u>11</u>	<u>20</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pupil in school</u>
	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) Perry Co

13. NAME John Peto

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

15. MAIDEN NAME Flora Boylan

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

17. INFORMANT (ADDRESS) John Peto, Memphis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem DATE 10/9, 1936

19. UNDERTAKER (ADDRESS) Young & Fenwick and Co., Perryville, Mo.

20. FILED 10-6-36 J. H. Thompson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6<sup>th</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936 to Oct 6, 1936

I last saw him alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Bowel Obstruction  
Intussusception of jejunum

Date of onset 10-4-36

Other contributory causes of importance: Spinal leg fever 10-2-36

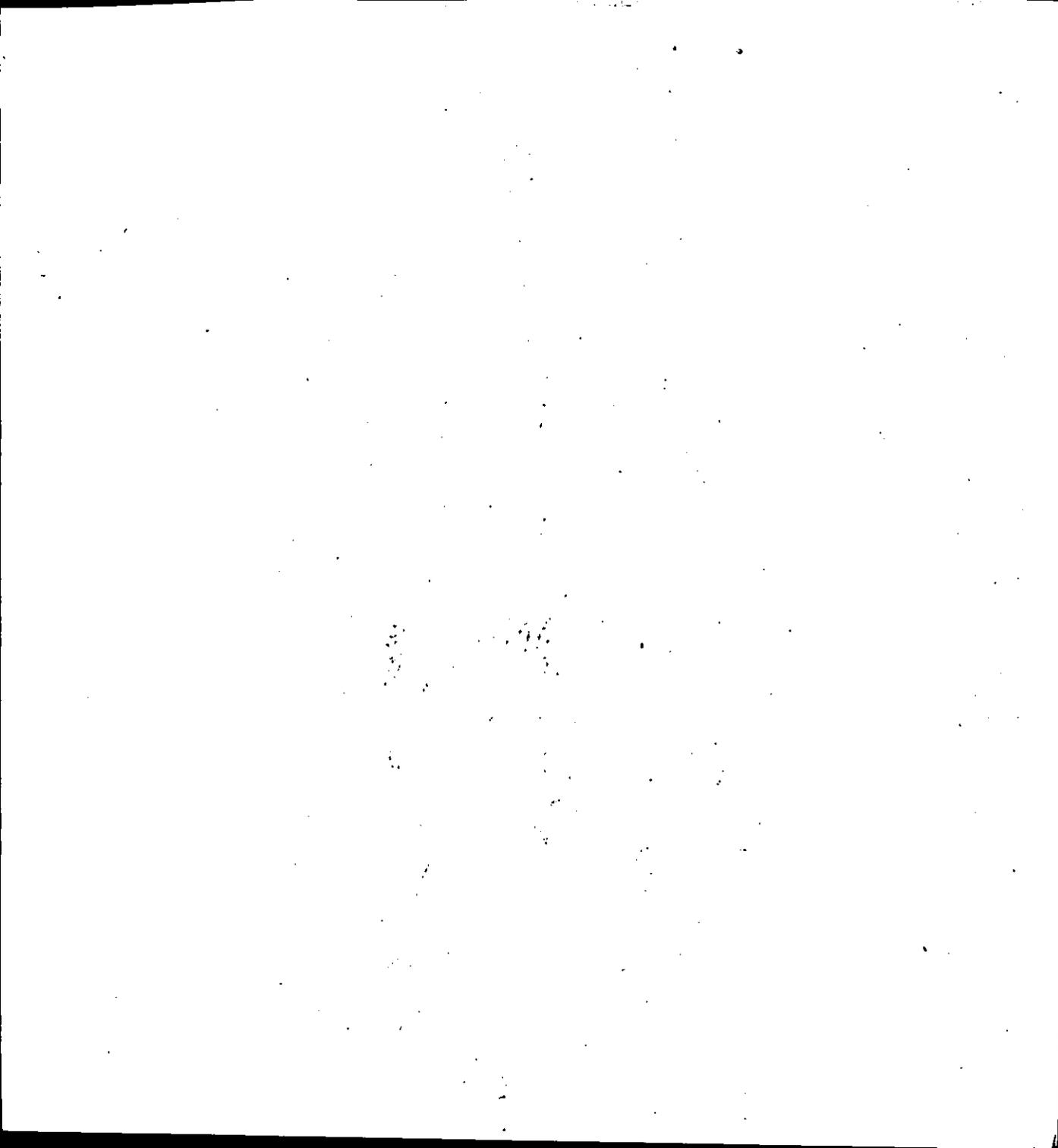
Name of operation Lapotomy Date of 10-6-36  
 What test confirmed diagnosis? operation Was there an autopsy? no

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 \_\_\_\_\_

(Signed) James J. Predd, M. D.  
 (Address) Perryville, Mo.



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125 File No. 36956  
 Township C. Girardeau Primary Registration District No. 3009 Registered No. 348  
 City C. Girardeau (No. St. Francis Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harvard Leto  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. - 6 - 1936

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

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

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

Obstetrical Obstruction Date of onset

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

Intussusception of jejunum

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

Scraped left knee 10-2-36

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

Name of operation Laparotomy Date of 11-6-36

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? See above Date of injury 1-17-36  
 Where did injury occur? Home Perryville Mo  
 (Specify city or town, county, and State)

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

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

17. INFORMANT (ADDRESS)

Manner of injury Slipped and fell  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

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

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

(Signed) Jerome J. O'Redall, M. D.  
 (Address) Perryville Mo.

20. FILED 3-19-37 J. M. Thompson Registrar

N. B.—Every item of information should be carefully supplied. A 02 should be stated where appropriate. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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