WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

DEC 3 1936

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

Do not use this space.

38293

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No. 1
Township Jackson — Primary Registration District No. 5675 — Registered No. 160
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Leona F. Premitt
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-12-1936
7. AGE: YEARS 1 — MONTHS 2 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Jackson Township Gilliam Mo

FATHER
13. NAME Francis Premitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Township Gilliam Mo

MOTHER
15. MAIDEN NAME Maggie Dowell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilliam Mo

17. INFORMANT (ADDRESS) Francis Premitt Chillicothe Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brassfield Cem DATE Oct-20-1936
19. UNDERTAKER (ADDRESS) Jas D. Gordon Chillicothe Mo
20. FILED Oct 20, 1936 Donald M. Dowell M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-19-, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936 to Oct 19, 1936
I last saw her alive on Oct 18, 1936. Death is said to have occurred on the date stated above, at 11 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	
3/4 Peritonitis	

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) H. S. Dowell, M. D.
(Address) Chillicothe Mo