JAN 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cole
Registration District No. 213
File No. 44188
Township
Primary Registration District No. 3614
Registered No. 349
City Jefferson City (No. Saint Mary's Hospital St. Ward)

2. FULL NAME Leo Bernard Wilbers
(a) Residence, No. 1213 Madeline 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 (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1926

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 10 | 0 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school
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) Cole County, Mo.

FATHER
13. NAME Leo Wilbers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardsville, Mo.

MOTHER
15. MAIDEN NAME Buena Hassler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannan, Mo.

17. INFORMANT (ADDRESS) Leo Wilbers Jeff City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wardsville, Mo. DATE 12-24- 1936

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Jefferson City, Mo.

20. FILED 12-22- 1936 [signature] M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to Dec 21, 1936
I last saw him alive on Dec 21, 1936 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:

Throat infections (Staph & strep)

Date of onset

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Other contributory causes of importance:
appendicitis
circulatory collapse

Name of operation appendectomy 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) [signature], M. D.
(Address) Jefferson City, Mo