

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

Do not use this space.

431

FEB 16 1937

1. PLACE OF DEATH

County Cassida
 Township Adair
 City..... (No.....)

Registration District No. 118
 Primary Registration District No. 6-169

File No.....
 Registered No. 131
 St..... Ward.....

2. FULL NAME

(a) Residence, No. Barnumtown Mo. 6, R.R. 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Leighly</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15 - 1842</u>				
7. AGE	YEARS <u>94</u>	MONTHS <u>10</u>	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 262</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 262</u>			
	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) <u>Va 2</u>				
MOTHER	13. NAME <u>Unknown Hall 2</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown - Potomac Va 31</u>			
	15. MAIDEN NAME <u>Unknown</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown unknown</u>			
	17. INFORMANT <u>Mrs. Jas. Leighly - in Barnumtown Mo</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White County</u> DATE <u>1-24-1937</u>				
19. UNDERTAKER <u>Arthur Cline act - Barnumtown Mo</u> (ADDRESS)				
20. FILED <u>1-26-1937</u> <u>W S Windsor</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1937

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

I last saw h..... alive on January 22, 1937. Death is said to have occurred on the date stated above, at 7 A.M.

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

Heart-Failure Probable due to Infirmities of old age - "Just-went-to-sleep"
 Date of onset.....
 Other contributory causes of importance:
Infirmities of old age -

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? 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.

Manner of injury none

Nature of injury.....

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

If so, specify.....

(Signed) W. S. Windsor....., M. D.

(Address) Chinnox Springs Mo

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.

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

