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.

Jeter MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
37 County Gasconade — Registration District No. 303 — File No. 5843
2 Township — Primary Registration District No. 4182 — Registered No.
6 City Hermann (No. ..... St. ..... Ward)

2. FULL NAME Barbara Leibach

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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

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 (OR) WIFE OF: Casper Leibach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4 - 1853

7. AGE: YEARS 83 — MONTHS 3 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Germany

FATHER
13. NAME: Fred Hundemer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Selma Roth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Adolph Leibach

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann DATE 2/26/37 19

19. UNDERTAKER (ADDRESS): E. R. Rudiger

20. FILED 2-26 1937 Anna K. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/23/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1937, to Feb. 23, 1937
I last saw her alive on Feb. 23, 1937. Death is said to have occurred on the date stated above, at 7:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/3/37
Other contributory causes of importance:	
Pleurisy	2/13/37

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) W. A. Jeter, M.D., [illegible]
(Address) Hermann, Mo.