

MAR 20 1937

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

Do not use this space.

6709

1. PLACE OF DEATH

County Jackson
Township Paris
City Greenwood (No.)

Registration District No. 400
Primary Registration District No. 5553B

File No.
Registered No. 37
St. Ward

2. FULL NAME John Leech

(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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 86 5 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman +
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. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overlaps Hill Ind

FATHER
13. NAME John Leech

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coners Hill Ind

MOTHER
15. MAIDEN NAME Desiree Leech

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coners Hill Ind

17. INFORMANT (ADDRESS) Nancy Leech

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Feb 24 1937

19. UNDERTAKER (ADDRESS) Brownfields

20. FILED Feb 23 - 37 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Feb. 22, 1937
I last saw him alive on Feb. 22, 1937 Death is said to have occurred on the date stated above, at 5:30 pm.
The principal cause of death and related causes of importance were as follows:

influenza Date of onset Jan 20

Other contributory causes of importance:

Name of operation 113 Date of
What test confirmed diagnosis? Clinical 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) W. P. Conrad M. D.
(Address) Flourtown Ind

WRITE PRINTED 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.

