

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

Do not use this space.

FEB 17 1937

1. PLACE OF DEATH

County Livingston
Township.....
City Chillicothe (No....., St. Ward)

Registration District No. 508
Primary Registration District No. 3026

File No. 7102
Registered No. 26

2. FULL NAME Cecil Leker

(a) Residence, No. Montgomery 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937, to Feb 5 1937
Last saw him alive on Feb 4 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1937

to have occurred on the date stated above, at 5:50a m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 16

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

Premature birth (about 6 1/2 mo gestation) Date of onset Jan 20/1937

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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.....

Other contributory causes of importance: 159

12. BIRTHPLACE (CITY OR TOWN) Chillicothe, (STATE OR COUNTRY) Missouri

Name of operation none Date of.....

13. NAME W. A. Leker

What test confirmed diagnosis? Clinical Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Edith Edwards

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT W. A. Leker (ADDRESS) Chillicothe, Missouri

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Feb. 6 1937

Manner of injury.....

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe, Missouri

Nature of injury.....

20. FILED Feb 5 1937 Donald H. Howell, M.D. Registrar.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify..... (Signed) G. W. Carpenter, M. D. (Address) Chillicothe, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

