

WRITE PLAINLY 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.

MAR 21 1937

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

DO NOT USE THIS SPACE.

9008

1. PLACE OF DEATH  
 County St. Louis Registration District No. 802 File No. 57  
 Township St. Louis Primary Registration District No. 1st Registered No. 57  
 City (No. 1st) (St. St. Louis Ward)

2. FULL NAME William Leach No. 92, 571-940  
 (a) Residence. No. 92, 571-940 St. St. Louis Ward. 1st  
 (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) widow

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

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

7. AGE YEARS 93 MONTHS 0 DAYS 0 IF LESS than 1 day, .....hrs. or .....min.

8. OCCUPATION OF DECEASED farmer  
 (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Schuyler Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Charles Leach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Shipton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England (STATE OR COUNTRY)

14. INFORMANT Geneva Leach (Address St. Louis)

15. FILED Jan 27 1937 REGISTRAR J. J. Leach

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1937

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Jan 1 1937 that I last saw him alive on Jan 1 1937, and that death occurred, on the date stated above, at 9:58 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Inferiority of eye at 958  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) gangrenous sinus  
of foot  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH AB DATE OF.....  
 WAS THERE AN AUTOPSY? ?  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. M. Downing M. D.  
 19 (Address) Downing

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Camp and Co DATE OF BURIAL Jan 3 1937  
 ADDRESS St. Louis

20. UNDERTAKER Ed Moore ADDRESS Downing

