APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City of St. Louis (No. Barnard Skin & Cancer Hosp. St. ..... Ward)

File No. 10870

Registered No. 3444

2. FULL NAME George Edward Ledbetter

(a) Residence, No. Portageville, Mo. N.R. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-19-1873

7. AGE: YEARS 63 | MONTHS 5 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Graves Co. Ky

FATHER

13. NAME: John A. Ledbetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Mandy Whittaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Elmer Ledbetter Portageville, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL to Hayti, Mo.
PLACE ..... DATE Mar. 29, 1937

19. UNDERTAKER (ADDRESS): A. N. McLaughlin 2301 Lafyette Avenue

20. FILED MAR 30 1937 19 J. H. Brodeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1937, to 3-28, 1937

I last saw him alive on 3-28, 1937 Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Hemorrhage post operative — Date of onset 3-27-37

Carcinoma of skin (rt. parotid area)

Other contributory causes of importance: 52

Name of operation: Radical neck dissection Date of 3-19-37

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? no

If so, specify .....

(Signed) Pearson C. Kellogg, M. D.

(Address) 3427 - Washington

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.

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