

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

Do not use this space.

APR 19 1937

1. PLACE OF DEATH
 County Franklin. Registration District No. 297
 Township _____ Primary Registration District No. 3016
 City Washington, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Stillborn.
 (a) Residence, No. S. Walnut, Washington, Mo. 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.

File No. 11833
 Registered No. 28

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) X

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26th, 1937.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

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

13. NAME Glen Leicht.

14. BIRTHPLACE (CITY OR TOWN) Delhart,
 (STATE OR COUNTRY) Texas.

15. MAIDEN NAME Ollie Schleisinger.

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

17. INFORMANT Glen Leicht.
 (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington, Mo. DATE Dec. 26th, 1937

19. UNDERTAKER Hieburg & Vitt, Inc.,
 (ADDRESS) Washington, Mo.

20. FILED Mar. 26-1937 H. A. May
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937 to March 26, 1937
Stillborn
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 AM
 The principal cause of death and related causes of importance were as follows:
Stillborn child of 4 1/2 months
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) O. W. Weverslager, M. D.
 (Address) 311 W. 4th Washington Mo.

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.

