

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

**JUN-18 1937**

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

Do not use this space.

**1. PLACE OF DEATH**

County Franklin  
Township Boyer  
City Boyer (No. 2 St. 2 Ward 2)

Registration District No. 292  
Primary Registration District No. 5450

File No. 19913  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2901 St. 1 Ward. Korner

(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1937

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

22. I HEREBY CERTIFY That I attended deceased from May 23, 1937, to May 23, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-37

I last saw him alive on May 23, 1937. Death is said to have occurred on the date stated above, at 30 m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or \_\_\_\_\_

The principal cause of death and related causes of importance were as follows:  
Premature Birth about 7 months

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

13. NAME Alfred Korner

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leitch, Mo.

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

15. MAIDEN NAME Melba G. Leitch

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

Manner of injury None

17. INFORMANT (ADDRESS) Mr. Fred A. Leitch

Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Boyer DATE May 24, 1937

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

19. UNDERTAKER (ADDRESS) Leitch, Mo.

If so, specify \_\_\_\_\_ (Signed) E. F. Goodrich, M. D.

20. FILED May 24, 1937 Jeffie Grammauer Registrar

(Address) Washington Mo

