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.

JUN 9 ...

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No. 20424
Township — Primary Registration District No. 3021 — Registered No. 57
City Webb City (No. ..., JANE CHINN HOSPITAL. ... St. ... Ward)

2. FULL NAME Henry G. Leek
(a) Residence, No. 413 North Webb St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 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~~): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~): Idella Leek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26, 1903

7. AGE: Years 34 — Months 2 — Days 3 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Independent Gravel Co.
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): Independence Missouri

FATHER
13. NAME: C. N. Leek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Nancy Ellen Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Father C. N. Leek Webb City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Carterville Cemet DATE: May 31, 1937

19. UNDERTAKER (ADDRESS): Hedge-Nelson Funeral Home Webb City Mo.

20. FILED MAY 31, 1937 — L. Sutchell M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to May 29, 1937
I last saw him alive on May 29, 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Following Abscess	
of Lumbar Muscles	
of Left Side of Back	
Other contributory causes of importance:	
Bad Teeth & Acne	
Vulgaris	

Name of operation: Primary Abscess Date of 4/7/37
What test confirmed diagnosis? Abscess 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: June 11, 1936
Where did injury occur? Fines (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Claimed to have lived
Manner of injury
Nature of injury: Lumbar side

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) B. A. Dumbault, M. D.
(Address) Webb City Mo