

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.

47 JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gasper  
Township Justin  
City Justin (No. 1)

Registration District No. 411  
Primary Registration District No. 2003

File No. 23954  
Registered No. St. Johns Hospital (Ward)

2. FULL NAME

(a) Residence, No. 1010 Elm St.  
(Usual place of abode)

Ward: Galena Kansas  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 4 10

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

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

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) Kansas

13. NAME Marshall Leeka

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shreveport Louisiana

15. MAIDEN NAME Cynthia Thornberry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shreveport Louisiana

17. INFORMANT (ADDRESS) Mara Leeka Galena Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena Kansas 6-3-37

19. UNDERTAKER (ADDRESS) Hurtless and Co Galena Mo.

20. FILED 6-2-37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1-37

22. I HEREBY CERTIFY, That I attended deceased from 6-1-37, 1937, to 6-1-37, 1937. I last saw h.i.m. alive on 6-1-37, 1937. Death is said to have occurred on the date stated above, at 11-PM. The principal cause of death and related causes of importance were as follows: Branch pneumonia

Other contributory causes of importance: 1070

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

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) [Signature], M. D. (Address) [Address]

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