

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

Do not use this space.

SEP 15 1937

**1. PLACE OF DEATH**

County Buehannon  
Township  
City Easton (No. \_\_\_\_\_)

Registration District No. 872  
Primary Registration District No. 4050

File No. 30116  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Gus L Leftwich

(a) Residence, No. Easton Mo. St. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-11-1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>9</u>	<u>11</u>	

OCCUPATION

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. none

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) Buehannon Co. Mo.

FATHER 13. NAME Austin J Leftwich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Bettie L Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Antony Co. Mo.

17. INFORMANT Mrs A J Leftwich  
(ADDRESS) Easton Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE Aug 24 1937

19. UNDERTAKER F. J. Jones  
(ADDRESS) Sturgeonville Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_ 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ Aug, 24th \_\_\_\_\_, 19 37 to \_\_\_\_\_, 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Acute Coronary Thrombosis

Date of onset

8/24/37

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? History 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 \_\_\_\_\_  
(Signature) R. W. Tadlock Coroner \_\_\_\_\_ M. D.

(Address) Spring Hill Mo.

Note: 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

30116

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82  
 (b) Township ..... Primary Registration District No. H.O.S.O. Registered No. ....  
 (c) City Easton (d) Street No. .... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gus. L. Leftwich

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

22. I HEREBY CERTIFY, That I attended deceased from 11:00 a.m. 1937 to ..... 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1872

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 9 11

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) .....  
 11. Total time (years) spent in this occupation .....

Acute Coronary Thrombosis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Other contributory causes of importance:

FATHER 13. NAME Austin S. Leftwich

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Bettie E. Pugh

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. A. J. Leftwich

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8/26 1937

19. FUNERAL DIRECTOR (ADDRESS) F. H. Lyon Elmwood Mo

20. FILED 9/13 1937 D. P. Higgins Local Registrar.

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) B. W. Tadlock M. D.

(Address) King Hill Bldg.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-30116