SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Grundy — Registration District No. 328 — File No. 30771

Township Lincoln — Primary Registration District No. 5462 — Registered No.

City ~~Tindall~~ (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Leeper

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1861

7. AGE: YEARS 76 — MONTHS 1 — 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.
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) Grundy Co. Mo.

FATHER
13. NAME Sam Batson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Elizabeth Harber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Martin Batson Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berry Cem DATE Aug 19 1937

19. UNDERTAKER (ADDRESS) Chas E Schooler Spickard Mo

20. FILED 8-18 1937 Irene D Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw her alive on Aug 17, 1937. Death is said to have occurred on the date stated above, at 8 30 m.

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

Fractured Right hip — Date of onset

186a

Other contributory causes of importance:
Organic Heart disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? N

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug 1, 1937
Where did injury occur? at Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury due from fall off porch
Nature of injury Hip fracture

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....

(Signed) N. S. Kaiser, M. D.
(Address) Spickard

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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