

OCT 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
Township Freemont
City Freemont (No. 9)

Registration District No. 328
Primary Registration District No. 3017

File No. 34307
Registered No. _____
St. _____ Ward _____

2. FULL NAME Harry B. Leisure

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 Bertha Leisure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. - 6th 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 10 7

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

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) Iowa

13. NAME J. L. Leisure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Iowa

15. MAIDEN NAME Barrie M. Siederburg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT J. L. Leisure (ADDRESS) Venus, Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE Sept 17 1937

19. UNDERTAKER Chas. B. Davis # 3216 (ADDRESS) Freemont Missouri

20. FILED 9-14 1937 Irene D. Law Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1937 to Sept 13 1937
I last saw him alive on Sept 13 1937. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Knife wound of Abdomen Date of onset Sept 10

Other contributory causes of importance: 45

Name of operation Repair wound of gut/stomach Date of operation Sept 10 1937
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence, fall, etc.) the following: Accident, suicide, or homicide? Do not know Date of injury Sept 10 1937
Where did injury occur? Freemont Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Restaurant
Nature of injury Knife wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? Do not know
If so, specify _____
(Signed) E. A. Ruffly M. D.
(Address) Freemont Mo.

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.

