JAN 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township
City Steele (No. , St. Ward)
Registration District No. 605 2
Primary Registration District No. 4392
File No. 46287
Registered No.

78

2. FULL NAME Leon Tnigle
(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 -- 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1937
7. AGE YEARS MONTHS DAYS 1 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) Steele Mo 1

FATHER
13. NAME Auston Tnigle 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clumbia L.A.

MOTHER
15. MAIDEN NAME Mattie Dowewolth 2
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glassco K.Y.

17. INFORMANT (ADDRESS) Auston Tnigle Steele, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem. DATE Dec 19 1937
19. UNDERTAKER (ADDRESS) German Undt Co. Steele Mo
20. FILED Dec 21 1937 L. L. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937, to Dec 18, 1937
I last saw him alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Premature 159

Date of onset

Other contributory causes of importance:

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) J. R. Chapman 1, M. D.
(Address) Steele 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.