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

Do not use this space.

1. PLACE OF DEATH
County: Benton
Township: Williams
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 59
Primary Registration District No. 5094

File No. 1965
Registered No. 1

2. FULL NAME: James Hartin Ledek 320

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Mrs Margaret Ledek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-4-1874

7. AGE: YEARS 63 | MONTHS 1 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Lincoln Mo

FATHER
13. NAME: George Ledek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Miss Genevieve Ledek Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Petrs & Paul DATE: 1-18 1938

19. UNDERTAKER (ADDRESS): E L Eickhoff Cole Camp Mo

20. FILED 1-17 1938 Sue Belouer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan-16 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-2, 1937, to Jan-13, 1938
I last saw him alive on Jan-13, 1938. Death is said to have occurred on the date stated above, at 12:15 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Lobar Pneumonia	1-13-38

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis: 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 of injury in any way related to occupation of deceased? No
If so, specify:
(Signed) Orin L. Cuddy, M. D.
(Address) Lincoln Mo

RECEIVED FEB 21 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

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.