

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

Do not use this space.

2258

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**1. PLACE OF DEATH**  
 County Cass Registration District No. 117  
 Township Orange Primary Registration District No. 3767  
 City Cassington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Greenbury Leap 100  
 (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) Married

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 9-6-1881

**7. AGE** YEARS 56 MONTHS 4 DAYS 15 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.** Farmer  
**10. Date deceased last worked at this occupation (month and year)** June 1937 **11. Total time (years) spent in this occupation** all life

**MOTHER**  
**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Cassington Mo.  
**13. NAME** John Leap  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Orange Co. Mo.  
**15. MAIDEN NAME** Emma Beuch  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo. Kansas

**FATHER**  
**17. INFORMANT** Self Connor M.D.  
 (ADDRESS) Cassington  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Lick Ridge DATE Jan 21 1938  
**19. UNDERTAKER** Moore Schenck  
 (ADDRESS)  
**20. FILED** Feb 10 1938 Lizette Keller  
 Registrar. 117

**MEDICAL CERTIFICATE OF DEATH**

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

**22. I HEREBY CERTIFY** That I attended deceased from Sept 4 - 1937 to Jan 21 - 1938  
 I last saw him alive on Jan 20 - 1938. Death is said to have occurred on the date stated above, at 1:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma (Stomach)  
 Date of onset 1920

**RECEIVED**

**FEB 21 1938**

Other contributory causes of importance: \_\_\_\_\_

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MO. STATE BOARD OF HEALTH**

Name of operation Spontaneous Date of Sept. 1937  
 What test confirmed diagnosis? specimen 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) Self Connor M. D.  
 (Address) Cassington Mo.

N. B.—Every item of information should be carefully supplied. AGES 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.

