

REC'D JUN 16 1938

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

**17891**  
 Do not use this space.

1. PLACE OF DEATH **Callaway** 3  
 (a) County **Callaway** 1 Registration District No. **104**  
 (b) Township **Fulton** Primary Registration District No. **3008** Registered No. **113**  
 (c) City **Fulton** (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred **7 yrs. 2 mos.** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME **Collie Leavin** **200**  
 (a) Residence, No. **Fulton MO** St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1866**  
 7. AGE YEARS **72** MONTHS **1** DAYS **7** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) **OK** 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Callaway Co O**  
 FATHER 13. NAME **Jack Cook** 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky O**  
 MOTHER 15. MAIDEN NAME **Caroline Perry** 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Callaway Co MO**  
 17. INFORMANT (ADDRESS)  **Hosp. Recs MO**  
 18. BURIAL, CREMATION, OR REMOVAL **buried**  
 PLACE **Anatomical** DATE **May 5** 19**38**  
**Columbus**  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. G. Roberts**  
**Columbus MO**  
 20. FILED **May 5** 19**38** **R. N. Crews**  
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 2** 19**38**  
 22. I HEREBY CERTIFY, That I attended deceased from **July 1** 19**37**, to **May 2** 19**38**  
 I last saw him alive on **May 1** 19**38** Death is said to have occurred on the date stated above, at **2 a** m.  
 The principal cause of death and related causes of importance were as follows:  
**Congestive Heart Failure** **12/2**  
 Date of onset  
 Other contributory causes of importance:  
**Myocard Sclerosis** **OK**  
**Chl. Bright's Disease** **OK**  
**Genl. Arterio Sclerosis**  
 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? **NO**  
 If so, specify **Talipain** 1 M. D.  
 (Signed) **Fulton MO**  
 (Address) **106**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**