

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.

REC'D JUN 17 1938

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

Do not use this space.

18674

1. PLACE OF DEATH

County Lafayette Registration District No. 461
 Township..... Primary Registration District No. 3024
 City Lexington (No.....) St. Ward.....

2. FULL NAME John K. Leiter *3/6 A*

(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 Hattie Tindle Leiter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Dealer

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) Sedalia, Mo.

13. NAME John B. Leiter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Ohio.

15. MAIDEN NAME Phebe Holly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co. Ohio.

17. INFORMANT Mrs. J. K. Leiter
 (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lexington, Mo. DATE May 25, 1938

19. UNDERTAKER Winkler, Lexington, Mo.
 (ADDRESS)

20. FILED May 25 1938 Jays B. Bates
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1938 19..

22. I HEREBY CERTIFY, That I attended deceased from 2/25/38 19.. to 5/23/38 19..

I last saw him alive on 5/23/38 19.. Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

Cancer Stomach

Date of onset

Other contributory causes of importance: 46

Name of operation..... Date of.....

What test confirmed diagnosis? X-Ray 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 or injury in any way related to occupation of deceased?.....

If so, specify (Signed) [Signature] M. D.

(Address) Lexington Mo

