

REC'D JUN 22 1938

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

Do not use this space.

18734

## 1. PLACE OF DEATH

County LewisRegistration District No. 477Township MonticelloPrimary Registration District No. 4291City Monticello

(No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Nartha Alice Leslie246

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFDavid Henry Leslie6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21. 1858/

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.81.3.9

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

at home

## 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) Scotland County  
(STATE OR COUNTRY) Missouri

## 13. NAME

Robert H. Billups.14. BIRTHPLACE (CITY OR TOWN) Penn  
(STATE OR COUNTRY)

## 15. MAIDEN NAME

Paulina Davidson.16. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

## 17. INFORMANT

(ADDRESS)

Louise Leslie  
Monticello, Missouri

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Monticello, Mo

DATE

May 3.19 38

## 19. UNDERTAKER

(ADDRESS)

James A. Cades  
Lewistown, Missouri.

## 20. FILED

May 2, 1938H. W. Harris  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 193822. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 1, 1938I last saw him alive on May 1, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

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

Coronary Thrombosis Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Spec Was there an autopsy? no23. 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) \_\_\_\_\_

(Address) \_\_\_\_\_

430

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.

Louis

Monticello

North Africa

20

Female

Wife

Widowed

David Henry

Jan. 21. 1857

61.

21

at home

Jefferson County

Virginia

Robert H. Bishop

born

Paulina Davidson

Virginia

Monticello, Virginia

28

May 2

Monticello, Va

Monticello, Virginia