

REC'D JUN 22 1938

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

Do not use this space.

18961

1. PLACE OF DEATH

County *New Madrid*
Township *Andross*
City *Tideon* (No.)

Registration District No. *5-5*
Primary Registration District No. *6-2-6-2*
4033

File No. *10*
Registered No. *1309*
St. Ward)

2. FULL NAME

Almon Leughary St. Ward. *2, 1st*

(a) Residence, No. (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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 24, 1937*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<i>5</i>	<i>9</i>	

OCCUPATION

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

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 *0*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tideon Mo*

FATHER

13. NAME *Edd Leughary*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wayne Mo*

MOTHER

15. MAIDEN NAME *Pearl Shelby*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Madrid Mo*

17. INFORMANT *Edd Leughary* (ADDRESS) *Tideon Mo*

18. BURIAL, CREMATION, OR REMOVAL *Interred* DATE *6-5-38*

19. UNDERTAKER *Ray Cussell* (ADDRESS) *Tideon Mo*

20. FILED *June 10, 1938* M. J. Murrina Registrar. *541*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-4-38*

22. I HEREBY CERTIFY, That I attended deceased from *6-30-38*, 19*38*, to *6-4-38*, 19*38*

I last saw him alive on *6-2-38*, 19*38*. Death is said to have occurred on the date stated above, at *2 P. m.*

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

Cholera Infantum

Date of onset

Other contributory causes of importance:

Influenza

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?

If so, specify (Signed) *Dr. F. Johnson*, M. D.

(Address) *Tideon Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2
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UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/68

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10/10/68

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10/10/68

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

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FROM: SAC, NEW YORK

SUBJECT: [Illegible]

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