REC'D JUL 25 1938

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

Do not use this space.

23054

1. PLACE OF DEATH
County Schuyler Registration District No. 805 File No. 34
Township Liberty Primary Registration District No. 4484 Registered No.
City Lancaster (No. ..... St. ..... Ward)

2. FULL NAME William Perkins Leedom

(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 90 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1845

7. AGE: Years 92 | Months 9 | 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. retired farmer
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) (STATE OR COUNTRY) Kenton, Ohio

FATHER
13. NAME John Leedom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME Edeline Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Earl Graves, Kansas City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Lancaster Mo. DATE June 29 1938

19. UNDERTAKER Morehead (ADDRESS) Lancaster Mo.

20. FILED 6/29 1938 Byrdie W. Drake Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1938

22. I HEREBY CERTIFY, That I attended deceased from September 1934, to June 27, 1938. I last saw him alive on June 27, 1938. Death is said to have occurred on the date stated above, at 6:30 A.m.

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

	Date of onset
Infirmities of Old Age	

Other contributory causes of importance:
Arteriosclerosis
Myocarditis (Chronic)
Nephritis (Chronic)

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) Earl T. Davidson M. D.
(Address) Lancaster, Mo

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.