

REC'D AUG 8 1938

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

Do not use this space.

24493

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Precinct Registration District No. 1002
City San city (No. Wesley Hospital) St. _____ Ward _____

File No. 2998

Registered No. _____

2. FULL NAME

(a) Residence, No. 4714 - Garden 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1931

7. AGE YEARS 6 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Lewis L. Leinville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nettie F. Holland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Lewis Leinville (ADDRESS) 4714 Garden St

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden, Mo DATE July 26 38

19. UNDERTAKER Bergman Funeral Home (ADDRESS) _____

20. FILED July 26 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 38

22. I HEREBY CERTIFY That I attended deceased from July 24 1938 to July 26 1938

Last saw him alive on July 25 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 7-20

Other contributory causes of importance:
Lobar pneumonia

Name of operation none Date of _____

What test confirmed diagnosis? Physically Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1938

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. F. Mackay M. D.

(Address) Professor of Pathology

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

10-1047-2525 X704

