

REC'D AUG 24 1938

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

25094

Do not use this space.

**1. PLACE OF DEATH**

(a) County Clinton. Registration District No. 204  
 (b) Township Shoat Primary Registration District No. 3013 Registered No. 36  
 (c) City Cameron (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Helene Cathrine Leutzinger

(a) Residence, No. 515 W-5th. St St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 C.S. Leutzinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1883.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 10 18

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

9. Industry or business in which work was done, as 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) Scott Co. Iowa.

13. NAME John Marten.

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

15. MAIDEN NAME Anna Heldt.

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

17. INFORMANT C.S. Leutzinger (ADDRESS) Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE Harlan Cem. DATE July 13, 1938

19. FUNERAL DIRECTOR (NAME) J.W. Poland (ADDRESS) Cameron.

20. FILED July 13, 1938 W.H. Ridley Local Registrar. 185 (Address) Cameron, Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938 to July 11, 1938  
 I last saw her alive on July 11, 1938 Death is said to have occurred on the date stated above, at 7:20 P.M.  
 The principal cause of death and related causes of importance were as follows:

Tobacco Pneumonia Date of onset July 18-1938  
108  
 Other contributory causes of importance General Run down condition

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) W.H. Ridley, M. D.

(Address) Cameron, Mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by A. H. Doelen # 4032

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*J. M. Polard*

Licensed Embalmer No. 895

P. O. Address Cameron

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**