

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

30244
Do not use this space.

LEFT SEP 28 1938

1. PLACE OF DEATH

(a) County VERNON Registration District No. 875
 (b) Township Center Primary Registration District No. 676-07 Registered No. 204
 (c) City Nevada (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 Ruby E. Leer

(a) Residence, No. Nevada, Mo. R.F.D. 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 Fem 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) Feb. 3, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Milo 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Wilbert Leer 0

14. BIRTHPLACE (CITY OR TOWN) Vernon County 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Eunice Cartwright

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

17. INFORMANT Wilbert Leer
 (ADDRESS) Nevada, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Blakley Cemetery DATE Aug. 10, 1938

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home
 (ADDRESS) Nevada, Missouri

20. FILED 8/15, 1938 Allen & Deays
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938 to Aug 8, 1938

I last saw him alive on Aug 8, 1938. Death is said to have occurred on the date stated above, at 10:30 A. M.

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

Pneumonia 8-3-38
 Date of onset
 Other contributory causes of importance: None

Name of operation None 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. Deays, M. D.
 (Address) Nevada, 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.

RECEIVED
District Health Officer No: 71
District File Number 7/3857
Date Filed 9/15/38

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, personally, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Lloyd R. Winslow

Licensed Embalmer No. 3857

P. O. Address Quada, Ill

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

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