

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.

REC'D NOV 3 1938

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

Do not use this space.

1. PLACE OF DEATH

County Phelps

Township

St. James

City

563

(No.

Registration District No. 678

Primary Registration District No. 5904

File No. 86523

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

Martha P Leonard
St. James St. Hospital Salem Mo
St James Mo
How long in U. S., if of foreign birth? yrs. mos. ds.

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 William L Leonard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 11 7 9

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. Housewife
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) Deud Co Mo

13. NAME William T. Smith

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

15. MAIDEN NAME Sally Hasten

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

17. INFORMANT Will Leonard (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove em DATE Oct 23/38

19. UNDERTAKER Carl P. Shuman (ADDRESS) Salem Mo

20. FILED 11-1 1938 Elmer B Hawk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-18-1938 to 10-20-1938

I last saw her alive on 10-20-1938 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Uremic Coma
Insipient Diabetes
59

Other contributory causes of importance: Ch. F. Essential Nephritis

Name of operation No 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? No 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) E. A. Seay, M. D.

(Address) St James Hospital 611

