

REC'D DEC 19 1938

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

40464

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 789
(b) Township Slater, Mo. Primary Registration District No. 4479 Registered No. 51
(c) City Slater, Mo. (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 Socrates Reed Leisure.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE/MARRIED/WIDOWED/
DIVORCED (write the word)
Single
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Retired Laborer.
(OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December-3-1856.
7. AGE YEARS MONTHS DAYS If LESS than 1
81 11 27 day, _____ hrs.
or _____ min.
8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work
was done, as saw mill, bank, etc. Retired Laborer.
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____

12. BIRTHPLACE (CITY OR TOWN) Abington, Iowa.
(STATE OR COUNTRY) _____

13. NAME James Leisure.

14. BIRTHPLACE (CITY OR TOWN) Indiana.
(STATE OR COUNTRY) _____

15. MAIDEN NAME Margarette Snyder

16. BIRTHPLACE (CITY OR TOWN) Don't Know.
(STATE OR COUNTRY) _____

17. INFORMANT Mrs John Leisure
(ADDRESS) Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater City DATE Dec-2-38

19. FUNERAL DIRECTOR Jones & Salzer
(ADDRESS) Slater Mo.

20. FILED Dec 38 W. m Little
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November-30-38

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 29, 1938, to Nov. 30, 1938
I last saw him alive on Nov. 30, 1938 Death is said
to have occurred on the date stated above, at 6 AM.

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

Chr. myocarditis with
myocardial degeneration. Date of onset _____

Other contributory causes of importance:
Chr. nephritis _____
Arteriosclerosis _____

Name of operation None. Date of _____

What test confirmed diagnosis? Clinical 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) O. A. McBurney, M. D.
(Address) Slater, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/14/98

STATEMENT BY LICENSED EMBALMER

I, J. E. Jones, Licensed Embalmer 2143
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. E. Jones

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. E. Jones
Licensed Embalmer No. 2143

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.)