JAN 11 1938

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

40760
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 10452
(c) City St. Louis Mo. (d) Street No. BARNES HOSPITAL 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 Hugh Lee McLeary
(a) Residence, No. 127 Rowland St. NR Jackson, Tennessee
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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## 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): May 30th 1900
7. AGE: YEARS 38 MONTHS 6 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. (shoe)
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): Madison Co. Tenn.

FATHER
13. NAME: John L. McLeary.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gibson Co, Tenn.

MOTHER
15. MAIDEN NAME: Maude Moss.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Tenn.

17. INFORMANT (ADDRESS): J.L. McLeary. 127 Rowland,
18. BURIAL, CREMATION, OR REMOVAL PLACE: Jackson, Tenn. DATE: Dec. 3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C.R.Lupton & Sons 7233 Delmar, Blvd., St. Louis, Mo.
20. FILED DEC 3 1938 19 J.D. Bredick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec, 3 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1938, to 12-3, 1938
I last saw him alive on 12-3, 1938 Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Essential Hypertension | 1930 |
| Hypertensive Heart disease | 1933 |
| Arteriolosclerotic Nephritis (Nephrosclerosis) | 1933 |
| Uremia | 1938 |

Other contributory causes of importance: 31

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Edward Massie, M. D.
(Address) BARNES HOSPITAL

Licensed Embalmer's Statement on Reverse Side)

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.

## 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, Bradford A. Miles, or by .....

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

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis, Mo

**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.**