

APR 20 1939

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

Do not use this space

11890

1. PLACE OF DEATH

30 County Pettis Registration District No. 668  
Township Sedalia Primary Registration District No. 3032  
City Sedalia (No. 5894) County Home

File No. \_\_\_\_\_  
Registered No. 120  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William W. Leake

(a) Residence, No. County Home St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 11 28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown 4

13. NAME \_\_\_\_\_ " 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_ " 9

15. MAIDEN NAME \_\_\_\_\_ " 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_ " \_\_\_\_\_

17. INFORMANT Record County Home (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE April 5, 1939,

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED 4-5 1939 Mrs. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 - 39 to Apr 4 1939  
I last saw him alive on Apr 4, 1939. Death is said to have occurred on the date stated above, at 7 m.

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

Myocarditis chronic  
Acute decompensation  
Causes of hypertensive changes

Other contributory causes of importance:

Old age

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1939

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) J. E. Dutton, M. D.

(Address) Sedalia, 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.

[Faint, illegible text covering the majority of the page]

RECEIVED  
District Health Officer No. 2  
District File Number  
Date Filed 6/27/77