

REC'D MAY 22 1939

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

15825

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lake Registration District No. 689  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2033 Registered No. \_\_\_\_\_  
 (c) City Louisiana (d) Street No. 310 N. Carolina 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

207 Richard Harry LeRoy House 1  
 (a) Residence, No. 310 on east 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 Male 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 Betha House

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-84

7. AGE YEARS 54 MONTHS 11 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
 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) (STATE OR COUNTRY) Hannibal Mo13. NAME Joe House14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME Jane Atkins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (?)17. INFORMANT (ADDRESS) Harry House Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Reverend DATE 4/13 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Kelly Mo20. FILED 4/12 39 W. H. Kelly Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11 39

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to April 11, 1929

I last saw him alive on March 31, 1929. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Coronary Vascular  
renal Hypertensive  
disease

Other contributory causes of importance: 121

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. H. Kelly D.O.(Address) Louisiana Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-894

Date Filed MAY 3 1939

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, ~~\_\_\_\_\_~~

*George O. Wagner*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed, \_\_\_\_\_

*George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, La.

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.