

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.

1939 JUN 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Salt River Primary Registration District No. 50.34
City Maline Mo (No. Mo R 20) St. _____ Ward _____

File No. 17933
Registered No. 69

2. FULL NAME

John R Leach
(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode) Maline Mo. (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 Gemma Leach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) unknown 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

13. NAME Wm Leach

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Walter Leach (Son)
Maline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bersar Cem DATE May 11 1939

19. UNDERTAKER (ADDRESS) Spotts & Co
Paris Mo

20. FILED May 12 1939 Blanche Neely Registrar 23

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939, to May 11, 1939

I last saw him alive on May 5, 1939 Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

General weakness, due to Date of onset _____
age.

Uremic. No specific

diagnosis made.

Other contributory causes of importance: 1620

Name of operation _____ 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) J. P. Floyd, M. D.

Paris Mo (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-39-1111

Date Filed JUN 8 1939