

JUL 11 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
22191
Do not use this space.

1. PLACE OF DEATH
- (a) County GREENE Registration District No. 318
- (b) Township Springfield Primary Registration District No. 5440
- (c) City SPRINGFIELD (d) Street No. Route # 8 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 Lewis M. Leslie
- (a) Residence, No. Route # 8 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 Amanda E. Leslie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1874
- | 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-------------------------------------|-----------|----------|----------|----------------------------------|
| <input checked="" type="checkbox"/> | <u>65</u> | <u>5</u> | <u>4</u> | |
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Boonville (STATE OR COUNTRY) Indiana
- FATHER
13. NAME Tillman Leslie
14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)
- MOTHER
15. MAIDEN NAME Missoni Ann Chambers
16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)
17. INFORMANT Amanda E. Leslie (ADDRESS) Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson DATE June 21, 1939
19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer (ADDRESS) Springfield, Mo.
20. FILED 6-20, 1939 Chas A. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 193922. I HEREBY CERTIFY, That I attended deceased from 19 June, 1939, to _____, 19____.I last saw him alive on June 19, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Suicide by shooting
Self with 12 gauge gauge
shot June 19, in left chest.

Date of onset

Other contributory causes of importance:

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 Suicide Date of injury 7-19, 1939Where did injury occur? at home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury shooting self in left chest

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J.P. Ferguson, Coroner(Address) 604 E. Elm

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

X