

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.

REC'D OCT 1, 1939

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

31735
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
 (b) Township Savannah Primary Registration District No. 4010 Registered No. 55
 (c) City Savannah (d) Street No. _____ 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 Harry Leeson

(a) Residence, No. Savannah Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 38
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer
 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) Rochester (STATE OR COUNTRY) Mo.

FATHER 13. NAME George Leeson
 14. BIRTHPLACE (CITY OR TOWN) Atchison (STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME Synthia Massie
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

17. INFORMANT George Leeson (ADDRESS) Union Star

18. BURIAL, CREMATION, OR REMOVAL PLACE Daly Dailey DATE September 19 1939

19. FUNERAL DIRECTOR E. C. Breit (ADDRESS) Savannah Mo

20. FILED Sept. 14, 1939 Mrs. Jennie Rash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 12 1939

22. I HEREBY CERTIFY, That I attended deceased from on Sept. 12, 1939, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Asphyxiation & Burning
following
Accidental
Conflagration
 Date of onset 9/12/39
 Other contributory causes of importance: 180

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? Accidental Date of injury 9/12, 1939
 Where did injury occur? Rooming House Savannah Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Rooming House Fire
 Manner of injury _____
 Nature of injury 3rd & 4th Degree Burns
1939

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Clifford L. Steadley M. D.
 (Address) Savannah Mo
Carver

RECEIVED

District Health Officer No. 11;

District File Number 1039-1307

Date Filed OCT 16 1939

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)