

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Special Secrecy No # 487-01-2855

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

Do not use this space.

35025

File No. ....  
Registered No. **4000** .....  
St. .... Ward)

1. PLACE OF DEATH

County Jackson / Registration District No. 399  
Township Bellevue / Primary Registration District No. 100  
City Heads Station No. A 2 B Hosp

2. FULL NAME

(a) Residence, No. 112 North Jackson Ward. ....

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |   |  |
|---|--|---|---|--|
| 3. SEX<br><u>male</u>   | 4. COLOR OR RACE<br><u>white</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widower</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Myrtle Leach</u> |  |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-5-1880</u>                            |  |   |   |  |
| 7. AGE  | YEARS<br><u>59</u>   | MONTHS<br><u>11</u>   | DAYS<br><u>15</u>                               | IF LESS than 1 day, .... hrs. or .... min. |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Watchmaker</u> |   |   |  |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Reinhold Jewelry Co</u> |   |   |  |
|   | 10. Date deceased last worked at this occupation (month and year)  |   | 11. Total time (years) spent in this occupation |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1939, to 10-16, 1939

I last saw him alive on 16, 1939. Death is said to have occurred on the date stated above, at 8:15 m.

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

Pulmonary tuberculosis

23

Other contributory causes of importance:

|   |   |
|---|---|
| MOTHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Missouri</u> |
|   | 13. NAME<br><u>Daniel Leach</u>                                     |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Missouri</u> |
| FATHER  | 15. MAIDEN NAME<br><u>Mary Stevenson</u>                            |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Missouri</u> |
| 17. INFORMANT <u>K. C. A. B Hospital</u>                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL                         |   |
| PLACE <u>Forest Hill</u>                                  | DATE <u>10-18</u> , 19 <u>39</u>                                    |
| 19. UNDERTAKER <u>Thomas E. Fink</u>                      |   |
| 20. FILED <u>Oct 18</u> , 19 <u>39</u> <u>M. M. Brown</u> |   |

Name of operation ..... Date of .....  
What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 3rd party Date of injury ..... 19.....  
Where did injury occur? Public place (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) Fred W. ... M. D.  
361 (Address) 2nd St

