

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.

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

39730
Do not use this space.

1. PLACE OF DEATH
 (a) County Harrison 2 Registration District No. 341
 (b) Township 1 Primary Registration District No. 4204
 (c) City Ridgeway or (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 ELLA MANIRA LEAZENBY
 (a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Leazenby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>1</u>	<u>1</u>	

OCCUPATION

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

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 Oct. 1939

11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Huron Michigan

FATHER

13. NAME H. Forbes 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. New York

MOTHER

15. MAIDEN NAME Fannie Griswold 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Mich.

17. INFORMANT (ADDRESS) Bessie Leazenby Ridgeway Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Unk. Ridgeway DATE Dec. 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Ragan Ridgeway Mo.

20. FILED 12-1- 1939 J. P. Ragan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1938, to Nov. 28 - 1939
 I last saw her alive on Nov 27, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
A&C
 Date of onset 2 yrs.

Other contributory causes of importance:
Chronic Cholecystitis

Name of operation None Date of _____
 What test confirmed diagnosis? Physical 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) LeFebvre _____, M. D.
 (Address) Ridgeway, Mo.

RECEIVED

District Health Officer No. 14,

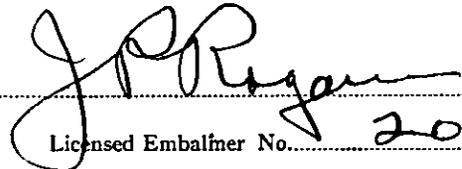
District File Number 12395-1798

Date Filed DEC. 19 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No. 2026

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.