

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

3391
Do not use this space.

FILED FEB 5 1940

1. PLACE OF DEATH *Pike 1*

(a) County *Pike 1* Registration District No. *689*

(b) Township *Louisiana* Primary Registration District No. *3033* Registered No. _____

(c) City *Louisiana* (d) Street No. *Annual Spring Lane* (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. da. *1/2* (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *FANNIE LEFFERT*

(a) Residence, No. *apex mo* St. *APEX. MO.* (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *WIDOW*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *JOHN LEFFERT*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 1859*

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

81 *?* _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *domestic*

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) *Sep. 39* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

FATHER 13. NAME *J. SMITH*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *NOT KNOWN*

MOTHER 15. MAIDEN NAME *NOT KNOWN*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT (ADDRESS) *W. Bradley*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Faley mo* DATE *Jan 28 1940*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. Bradley*

20. FILED *1/28* 19*40* *J. H. Haley* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 28 1940*

22. I HEREBY CERTIFY That I attended deceased from *JAN. 27 1940* to *JAN 28 1940*

I last saw her alive on *JAN 28 1940*. Death is said to have occurred on the date stated above, at *5:15 pm*.

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

GANGRENE OF Date of onset _____
PERITONEUM

Other contributory causes of importance: *12 1/2"*

HERNIA INGUINAL

HERNIOTOMY Date of *JAN 28*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *G. P. Blyden* (Address) *Louisiana mo*

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.

RECEIVED

District Health Officer No. 10

District File Number 2-40-214
FEB 2 1940

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.....

W. L. Bradley

Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. L. Bradley

Licensed Embalmer No. 39166

P. O. Address Elabery Mo.

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.