

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.

MAR 16 1940

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

6752  
Do not use this space.

1. PLACE OF DEATH

(a) County Hennepin Registration District No. 347  
 (b) Township Clinton Primary Registration District No. 0488 Registered No. ....  
 (c) City Clinton (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

(a) Residence, No. Clinton R.R. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know wife name.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1868  
 7. AGE YEARS 78 MONTHS 9 DAYS 28 If LESS than 1 day, .... hrs. or .... min.  
 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) (STATE OR COUNTRY) Pella Mo

FATHER 13. NAME Walter Lease  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Mary westbrook  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Frank Lease Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hood Hope DATE 2/12/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consuelo Reed Clinton Mo

20. FILED 2-19-40 Dr J R Hough Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1940 to 2-10 1940  
 I last saw him alive on 2-10 1940 Death is said to have occurred on the date stated above, at 9:00 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. Date of onset 2-3-40  
 Other contributory causes of importance: HTA

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? Yes  
 If so, specify James Smith, M. D.  
 (Signed) James Smith, M. D. Clinton Mo

