

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.

Dist of Bolivar

FILED JUN 13 1940

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

Do not use this space.

1919'7

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township 0 Primary Registration District No. 3032
City Sedalia (No. Rattnell Wash) St. _____ Ward _____

File No. _____
Registered No. 191

2. FULL NAME

Fred Leischel FREDERICK A. LEISCHEL

(a) Residence, No. Green Ridge mo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 26 yrs

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) Green Ridge mo (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Not known J. W. Leischel

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Germany

17. INFORMANT Chas R. Ward (ADDRESS) Green Ridge mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anthony DATE May 29 1940

19. UNDERTAKER J. R. Shelly (ADDRESS) Green Ridge mo

20. FILED 5-29-40 1940 Mrs. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1940

22. I HEREBY CERTIFY, That I attended deceased from May 20 1940 to May 26 1940
I last saw him alive on May 26 1940 Death is said to have occurred on the date stated above, at 2:30 pm.

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

Other contributory causes of importance:
Prone to Haemorrhage

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) J. R. Smithell, M. D.
(Address) Sedalia mo

8-10-81

191

RECEIVED
District Health Officer No. 8,
District File Number
~~6-14-40~~
Date Filed

2-22-40