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.

FILED JUL 15 1940

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

23091
Do not use this space.

1. PLACE OF DEATH
(a) County Wayne 2 Registration District No. 891
(b) Township Benton 0 Primary Registration District No. 4540 Registered No. 14
(c) City Piedmont, Mo (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 160 CLYDE W. LEEPER
(a) Residence, No. Piedmont, Mo. St. ☐
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Alta Leeper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1900
7. AGE YEARS 39 MONTHS 10 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Banker
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) Millsprings Mo.

FATHER
13. NAME Sidney Lee Leeper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millsprings Mo.

MOTHER
15. MAIDEN NAME Alice R. Chilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo.

17. INFORMANT (ADDRESS) Alta Leeper Piedmont, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE May 22 1940
19. FUNERAL DIRECTOR (ADDRESS) Norman W. Gish Piedmont, Mo.
20. FILED 6-26- 1940 T. C. Giles M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1940
22. I HEREBY CERTIFY, That I attended deceased from 5 past year, 19..., to 5/19, 1940
I last saw him alive on 5/19, 1940 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

94a

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) H H Cline M.D., M. D.
(Address) Piedmont, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1966

**STATEMENT BY LICENSED EMBALMER**

I, Norman W Gish, Licensed Embalmer No. 3287

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Norman W Gi

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3287

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**