

FILED JUL 22 1940

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

Do not use this space.

25014

1. PLACE OF DEATH

County Crawford

Township Liberty

City Leasburg

2

Registration District No. 233

Primary Registration District No. 3318

File No. ....

Registered No. 340

St. ....

Ward) ....

2. FULL NAME

(a) Residence, No. Leasburg mo

(Usual place of abode)

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OF RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1859

7. AGE YEARS MONTHS DAYS

81

4

20

If LESS than 1 day, .....hrs. or .....min.

OCCUPATION

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

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Alfred Lee

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

15. MAIDEN NAME Marguerite Peyton

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

17. INFORMANT (ADDRESS) Mrs. J. S. Kruegel

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Roads DATE 6/16/40

19. UNDERTAKER (ADDRESS) Bob Taylor

20. FILED July 9 19 40

W. F. Drumm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1940

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1940, to June 15, 1940

I last saw him alive on June 14, 1940 Death is said to have occurred on the date stated above, at 1:30 A. m.

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

Cerebral hemorrhage  
(Stroke)

Date of onset

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? .....

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) W. F. Drumm

(Address) Leasburg mo,

M. D.

28

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-10-22-35 I X9814

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. 5,

District File Number 240-804

Date Filed 7-22-48