

FILED OCT 10 1940

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

32993

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 23 Registration District No. 773
 (b) Township Pendleton Primary Registration District No. 6023 Registered No. 1551
 (c) City Doe Run, Mo. (d) Street No. _____ (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 Milton P. Leanard

(a) Residence, No. St. Francois Co. mo. Royal (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 78 8 22

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) St. Genevieve Co. mo13. NAME Paul Leanard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Rebecca Conway16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve mo17. INFORMANT (ADDRESS) Lena Ratley, Doe Run, Mo.,18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. O. F. at Doe Run mo DATE Sept, 8 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Elvins, Mo.20. FILED Sept 7, 1940 738 Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 - 194022. I HEREBY CERTIFY, That I attended deceased from 8.25 1940, to Sept 6 1940I last saw him alive on Sept 6 1940. Death is said to have occurred on the date stated above, at 6:30 am.

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

Hypertensive cardiac-vascular disease
= cardiac failure

Date of onset

Other contributory causes of importance:

General and cerebral arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) F. Richardson Conner M. D.(Address) F. Farmington

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,

Murphy L Sparks

or by

Registered Apprentice No. *241*, working under my personal supervision.

Signed

Ernest Sparks

Licensed Embalmer No.

2639

P. O. Address

Clavis 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.