

APR 14 1941

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

Do not use this space.

10471

1. PLACE OF DEATH

County Cole Registration District No. 211
Township Marion Primary Registration District No. 5291
City Jefferson (No. 1) St. 1 Ward 1

File No.
Registered No. 6

2. FULL NAME Harden Taliaferro Leach, M.D.

(a) Residence, No. Elston, Mo. St. Ward 0

(Usual place of abode) Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Leah Gabler Leach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
75 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of Medicine and Pharmacist
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) January, 1941 11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County (near Elston) Missouri

MOTHER 13. NAME James Leach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell County Tennessee

15. MAIDEN NAME Mary Elizabeth Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roan County Tennessee

17. INFORMANT Mrs. Ruth Mahan (daughter) (ADDRESS) Elston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elston Cemetery DATE April 1, 1941

19. UNDERTAKER (ADDRESS) Jefferson City, Mo.

20. FILED April 1, 1941 (Mrs.) Ruth Mahan ASST. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1941

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1941 to March 28, 1941

I last saw him alive on Night of Mar. 28, 1941 Death is said to have occurred on the date stated above, at 10 A.m.

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

Arterio-sclerosis
Other contributory causes of importance: 97

Name of operation None Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) R. B. Spool M. D.
(Address) Jefferson City, Mo.

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.

