

NOV 24 1930

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

Do not use this space.

1. PLACE OF DEATH

County Perry County
Township Franklin
City Deepwater, Mo

Registration District No. 9576
Primary Registration District No. 4208

File # 271A
Registered No. _____
St. _____ Ward _____

2. FULL NAME Anna Elizabeth Leach

(a) Residence No. Deepwater St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richland
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Math Rogman Sr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzersland

12. MAIDEN NAME OF MOTHER Anna Dutler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzersland

14. INFORMANT Chas E. Leach
(Address) Deepwater, Mo

15. FILED 10-4-35 Dr. J. Russell REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1930

17. I HEREBY CERTIFY, That I attended deceased from May Oct 1930, to Oct 4 1930, that I last saw h. alive on Oct 4 1930, and that death occurred, on the date stated above, at 12 4 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

100
130 Pneumonia
with complications
12013 (duration) yrs. mos. da. 3
CONTRIBUTORY (SECONDARY) Septic
colitis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at Home

IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? no DATE OF...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) C. H. ... M. D.
Oct 4 1930 (Address) Deepwater

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Englemood, Clinton Mo 10-7 1930

20. UNDERTAKER Jud Hurch ADDRESS Deepwater

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

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.

