

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.

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

Do not use this space.

15216

1. PLACE OF DEATH

County Pettis
Township Flat Creek
City Deals (No. 11)

Registration District No. 668
Primary Registration District No. 3891

File No. 128
Registered No. 128
St. Mo. Ward 2

2. FULL NAME

(a) Residence, No. Noah H. Leiter
(Usual place of abode)

St. Mo. Ward 2

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21-1857

7. AGE YEARS 73 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

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 Henry Leiter

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

15. MAIDEN NAME Anna Ephart

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

17. INFORMANT (ADDRESS) Mrs. H. K. Leiter

18. BURIAL, CREMATION, OR REMOVAL PLACE Phonix Hill Cemetery DATE April 13, 1931

19. UNDERTAKER (ADDRESS) Edwards & Sons

20. FILED 4-18-31

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 to Apr 11

I last saw him alive on Apr 11 Death is said to have occurred on the date stated above, at 92

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

Septic Endocarditis Date of onset Apr 5

Other contributory causes of importance: Pyemia from infection

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Name of operation none Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) J. Edwards M. D.
(Address) Deals, Mo.

