

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

Do not use this space.

1. PLACE OF DEATH

County Chickasaw
Township Wagon
City St James (No.)

Registration District No. 678
Primary Registration District No. 5905

File No. 18913
Registered No.
St. Ward

2. FULL NAME

(a) Residence No. St James, Mo. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/10 - 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 5 hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St James, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Earl Leagus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bluffton, Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Edna King
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Earl Leagus
(Address) St James, Mo

15. FILED 5-17-31 Henry F. Walters
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/10 1931

17. I HEREBY CERTIFY That I attended deceased from 5/10 1931 to 5/10 1931 that I last saw him alive on 5/10 1931 and that death occurred, on the date stated above, at 4:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Personal Knowledge
(Signed) E. B. ... M. D.
, 19 (Address) St James, Mo

*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 St James, Mo DATE OF BURIAL 5/10 1931

20. UNDERTAKER None
ADDRESS

WRITE PLAINLY, 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.

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