

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

Do not use this space.

NOV 25 1935

1. PLACE OF DEATH

42 County Henry
8 Township _____
2 City Windsor (No. _____)

14
4211
Registration District No. _____
Primary Registration District No. _____

32502
File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME Alvin Roy Leffler

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (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 Mrs. Alma Smith Leffler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired disabled Rural Route carrier
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) Benton County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Z. O. Leffler

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

MOTHER 15. MAIDEN NAME Maggie Spears

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

17. INFORMANT Mrs. A. L. Leffler (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Oct. 13 1935

19. UNDERTAKER Huston-Turner (ADDRESS) Windsor, Mo.

20. FILED Oct 30 1935 [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935 to Oct 11 1935
I last saw him alive on Oct 11 1935 Death is said to have occurred on the date stated above, at 1:00 P. M. in _____
The principal cause of death and related causes of importance were as follows:

Parasitic side
Chronic nephritis
Chronic nephritis
Date of onset 3-14-34

Other contributory causes of importance: Chronic nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to _____ 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) [Signature] M. D.
(Address) _____

MARGIN RESERVED FOR BINDING
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.

V. S. NO. 2

1944