

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.

OCT 21 1936

34150

1. PLACE OF DEATH

County Treue

Registration District No. 3/8

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 2254)

Ramsley

File No. _____

Registered No. 781

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 2254 N. Ramsley
(Usual place of abode)

Ward _____

(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 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 Malissa E. Leedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>9</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Washington Co. Va

13. NAME A. G. Leedy

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Malissa E. Leedy Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL At Elmwood DATE Sep. 11, 1936

19. UNDERTAKER (ADDRESS) Franklin & Co. Springfield, Mo.

20. FILED 9/10 1936 W. Chas. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1936 to Sept 9, 1936

I last saw him alive on May 12, 1936 Death is said

to have occurred on the date stated above at 4:35 m.

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

Chronic cardio-vascular disease (hypertensive)

Date of onset ?

Other contributory causes of importance: 1931

Name of operation none Date of _____

What test confirmed diagnosis clinical 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? No

If so, specify Arthur W. Knabb, M. D.

(Signed) _____ (Address) 450 W. Court St.

