

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.

7760 MAY 15 1940

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

Do not use this space.

15818

1. PLACE OF BIRTH

County

Township

City

Oregon  
Fallen Spr.  
New Liberty Mo.

Registration District No.

Primary Registration District No.

1143  
5686

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 1 mos.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) Eliza Leslie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1869

7. AGE YEARS 71- MONTHS 1- DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. 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 (year spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manistee Michigan

13. NAME William Gordon Leslie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Emaline Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calidonia Missouri

17. INFORMANT (ADDRESS) Iva Buckner Mountain View, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fallen Springs DATE 4-5-1940

19. UNDERTAKER (ADDRESS) none

20. FILED 5-4 1940 Mrs A. O. Roberts Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1940, to 4-4- 1940

I last saw him alive on Nov, 1939 Death is said to have occurred on the date stated above, at 9 A m.

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

Cerebral Apoplexy Date of onset

Other contributory causes of importance: Senility

Name of operation none Date of

What test confirmed diagnosis? liquid 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

(Signed) C. R. T. Smith M. D.  
(Address) mt view mo

RECEIVED

District Health Officer No. 5,

District File Number. 540 518

Date Filed 5/10/40