

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.

SEP 27 1927

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

Do not use this space.

26645

1. PLACE OF DEATH

County Ballaway  
Towship \_\_\_\_\_  
City Fulton

Registration District No. 104  
Primary Registration District No. 3008

File No. \_\_\_\_\_  
Registered No. 179  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Leri D. Stover

(a) Residence. No. Boon Co Mo St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 2 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) unknown

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Jos Stover

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER Mary Webb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT (Address) State Hospital Records Fulton Mo

15. FILED Sept 1, 1927 R. N. Crew REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 19 27  
17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1927, to Sept 1, 1927 that I last saw him alive on Aug. 31, 1927, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
90 B 930  
167  
CONTRIBUTORY Suicide Psychosis  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: No

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) T. K. Gray, M. D.

9-1-1927 (Address) Fulton 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 DATE OF BURIAL  
Columbia Mo Sept 2 1927

20. UNDERTAKER ADDRESS  
Tom Mc Harg Columbia Mo

