

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

Do not use this space.

16885

Pat Poague

File No.
Registered No. *68*
St. Ward)

1. PLACE OF DEATH

County *Harrison*
Township
City *Clinton* (No.)

Registration District No. *347*
Primary Registration District No. *3018*

2. FULL NAME

Jacobe Leiser

(a) Residence. No. *W Grand River* s. St. Ward.
(Usual place of abode) (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 *Female* 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 *R. E. Leiser*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 11 1860*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>67</i>	<i>8</i>	<i>9</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House Keeper*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer *R. E. Leiser*

9. BIRTHPLACE (CITY OR TOWN) *Dartmouth*
(STATE OR COUNTRY)

10. NAME OF FATHER *James Sanford*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Texas*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Sarah Sanford*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Penton, C.*
(STATE OR COUNTRY) *Missouri*

14. INFORMANT *Jim Sivaganan*
(Address) *Clinton, 766*

15. *May 21, 1928* *Dr. E. C. Peolar*
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 20 1928*

17. I HEREBY CERTIFY, That I attended deceased from *May 20 1928* to *May 20 1928* that I last saw *her* alive on *May 20 1928*, and that death occurred, on (the date stated above, at) *10* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intoxication
97 *aspt here previously treated*
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *RB*
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *Pat Poague*, M. D. (Address) *Clinton 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 *Bethel Street Community* DATE OF BURIAL *May 22 1928*

20. UNDERTAKER *Shivers Wellman & Co* ADDRESS

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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