

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

Do not use this space.

24415

1. PLACE OF DEATH

County..... Henry
 Township..... White Oak
 City..... Urlich (No.....)

Registration District No. 347
 Primary Registration District No. 5495

File No.....
 Registered No. 915
 St. Ward)

2. FULL NAME Martha Ellen Leet

(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 yrs. 23 mos.
 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B.G. Leet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30th 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 8 15

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

9. BIRTHPLACE (CITY OR TOWN) Perry Ville
 (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Vardaman Jones
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Vill
 (STATE OR COUNTRY) Kentucky
 12. MAIDEN NAME OF MOTHER Mary E. Hudson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Ville
 (STATE OR COUNTRY) Kentucky.

14. INFORMANT Molley Randolph
 (Address) Clinton Missouri.

15. FILED July 19 1929 Dr. E.C. Pealor
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1929

17. I HEREBY CERTIFY, That I attended deceased from June 28 1929, to July 15 1929, and that I last saw her alive on July 15 1929, and that death occurred, on the date stated above, at 4 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteria Sclerosis

CONTRIBUTORY (SECONDARY) 91 9/10 (duration) W yrs. X mos. X da.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF X

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no test
 (Signed) J.W. Galbreath, M. D.
 , 19 (Address) Urlich 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

Urlich Cemetery 7-16 1929
 20. UNDERTAKER J.P. Smith ADDRESS Urlich Mo

K. 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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