

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

Do not use this space.

5105

1. PLACE OF DEATH
 49 County Gasper Registration District No. 411
 7 Township Galena Primary Registration District No. 2002
 5 City Goplin (No. _____) St. _____ Ward _____

2. FULL NAME Leo Morris Bamford
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) 925 Mo Ave (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Bamford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>35</u>	<u>7</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer, 237

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) Iowa

MOTHER FATHER

13. NAME C-M Bamford

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

15. MAIDEN NAME Anna Cathan

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

17. INFORMANT Ms Etta Bamford
 (ADDRESS) 925 Mo Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sarvue DATE 2/11/32

19. UNDERTAKER Hubert Heid.
 (ADDRESS) _____

20. FILED 2/11/32 A. Benson clerk
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-32

22. I HEREBY CERTIFY, That I attended deceased from 2-8-32, 1932, to 2-9-32, 1932.
 I last saw him alive on 2-9-32, 1932. Death is said to have occurred on the date stated above, at _____ p.m.
 The principal cause of death and related causes of importance were as follows:
Interstitial nephritis Date of onset _____

Other contributory causes of importance: 131

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) Albert Chouwitz
 (Address) Goplin

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. MAR 23 1932

