

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

Do not use this space.

5299

1. PLACE OF DEATH

County Franklin Registration District No. 293
Township Northham 2nd Primary Registration District No. 4176
City New Haven (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Lillian Bell Leason

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Howard G. Leason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.
72 3 17

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

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) Franklin Mo
(STATE OR COUNTRY) Mo

13. NAME Joseph Andrew Chancellor

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

15. MAIDEN NAME Sarah Lee

16. BIRTHPLACE (CITY OR TOWN) Howana Mo
(STATE OR COUNTRY) Mo

17. INFORMANT Man Bertha Leason
(ADDRESS) New Haven Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific Mo DATE 2-24 1933

19. UNDERTAKER W. H. Leason
(ADDRESS) New Haven Mo

20. FILED 2/23 1933 W. H. Leason
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1933 to Feb. 22 1933

I last saw her alive on Feb. 22 1933. Death is said to have occurred on the date stated above, at 9h m.

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

Myocardial Insufficiency
Cor. Ar. Disease
Hypertension

Date of onset

Other contributory causes of importance?
Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis Quin 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 _____, 1933

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) W. H. Leason, M. D.

(Address) New Haven Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

