

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.

MAY 22 1933

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

Do not use this space.

14107

1. PLACE OF DEATH
 County Wayne Registration District No. 653
 Township Hayti Primary Registration District No. 5864
 City Hayti (No.) St. Ward

2. FULL NAME Douglas Lepton
 (a) Residence, No. St. Ward
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No.
 Registered No. 35
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>11</u>	<u>5</u>	<u>17</u>	

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

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
 13. NAME J. F. Repton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex
 15. MAIDEN NAME Francis Montgomery
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
 17. INFORMANT (ADDRESS) J. F. Repton
 18. BURIAL, CREMATION OR REMOVAL PLACE Wash Cemetery DATE 4/23/33
 19. UNDERTAKER (ADDRESS) Carroll Smith
 20. FILED 4-27-33 19.33 SA Johnson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16 1933 to Apr. 22 1933
 I last saw him alive on Apr. 21 1933. Death is said to have occurred on the date stated above, at 4 A. M.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
German Measles
 Date of onset 4/13
 Other contributory causes of importance: 107A 4413

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) J. W. Rhodes, M. D.
 (Address) Hayti mo.

