

1 JUL 2 2 1935

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

Do not use this space.

16743

1. PLACE OF DEATH

County Jackson
Township Waverly
City Keosauqua

Registration District No. 399
Primary Registration District No. 2002

File No.
Registered No. 2265 St. 2265 Ward)

2. FULL NAME

William E. Leamer

(a) Residence, No. 1116 East 9th, 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 male 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 Ethel Leamer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor
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) Poland

13. NAME no Record

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

15. MAIDEN NAME no Record

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

17. INFORMANT Ethel Leamer (ADDRESS) 1116 East 9th, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE July 3

19. UNDERTAKER Wm. C. K. Foster (ADDRESS) 918 Broadway, Ave.

20. FILED 6-3 1935 M. M. Crowe, cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 31 - 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 2:03 PM.

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

Perforation of Gall Bladder, not known
Cholelithiasis
Psychithiasis 1/20
Other contributory causes of importance: Arteriosclerosis, Generalized not known

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? no

If so, specify

(Signed) N. J. Johnston (Address) 333 Katunga Blvd

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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Dr. Hill's ...

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