

JUL 27 1936

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

Do not use this space.

24095

1. PLACE OF DEATH

County St. Louis
Township Banksman
City Manchester, Mo.

Registration District No. 785
Primary Registration District No. 6031
(No. Manchester, Mo.)

File No. _____
Registered No. 67
St. _____ Ward _____

2. FULL NAME Leslie Duwell

(a) Residence, No. Valley Park RR Box 179 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 Esther Peterson Duwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 5 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Decatur Ill

13. NAME Wm Ed Duwell

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

15. MAIDEN NAME Unk

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

17. INFORMANT Esther Duwell
(ADDRESS) Valley Park RR Box 179

18. BURIAL, CREMATION, OR REMOVAL PLACE Manchester, Ark DATE 6-9 1936

19. UNDERTAKER James W. Bopp
(ADDRESS) Perkins Road Ark

20. FILED June 8 1936 Agnes C Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1936

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 9:45 pm.

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

Auto accident
Fracture liver
Fractured spleen
Contusion of both lungs
Contusion and hemorrhage to all intestinal wall.
Other contributory causes of importance:
interital hemorrhage
Shock.

Name of operation _____ 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? Accident Date of injury 6/6, 1936

Where did injury occur? Manchester MO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Threw over with own truck
Nature of injury hit ditch, and was killed under

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Lute Turner, M. D. 6/7/36

(Address) 3718 Jennings St
St. Louis, Mo.

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.

OCT 18 1954