

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

Do not use this space.

353577

73 1. PLACE OF DEATH
 County Newton Co Registration District No. 1046
 Township Shelburne Primary Registration District No. 5810
 City Joplin (No. R. 1) St. N Ward 500
 2. FULL NAME Millard Fullmore Leamon
 (a) Residence, No. R. 1 St. N Ward 500
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1854
 7. AGE YEARS 83 MONTHS 5 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Jasper Co. Mo.
 MOTHER 13. NAME W. P. Reed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Mrs. W. H. Fox
 (ADDRESS) Joplin Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 2-2-38
 19. UNDERTAKER Herbert Reed Co
 (ADDRESS) Joplin Mo.
 20. FILED 2-1-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-38
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him dead 1-30, 1938. Death is said to have occurred on the date stated above, at 5:50 p. m.
 The principal cause of death and related causes of importance were as follows:
Cause of death unknown
Natural causes.
No doctor in attendance
 Other contributory causes of importance: 10
General Infirmitie of age
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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? Y
 If so, specify Early Thompson barones
 (Signed) Ed J. Janner
 (Address) Neosho Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH