

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

19050
 Do not use this space.

REC JUN 23 1938

1. PLACE OF DEATH
 (a) County Madawasky Registration District No. 622
 (b) Township Hughes Primary Registration District No. 4373
 (c) City Graham (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm FRANK LEEPER
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mary Leeper
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 40-1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 69 2 9
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graham, Mo

FATHER 13. NAME William Leeper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lauranceburg, Ind

MOTHER 15. MAIDEN NAME Francis Almira Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piketon, Pick Co, Ohio

17. INFORMANT (ADDRESS) Francis Baggett

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham DATE 5-21, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. Fred Fisher

20. FILED June 11, 1938 Mrs. E. L. Black Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to May 19, 1938
 I last saw him alive on May 18, 1938. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset _____
Rheumatism
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? _____

23. Was death 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) E. L. Morgan, M. D.

(Address) Graham, 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.

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STATEMENT BY LICENSED EMBALMER

I, J. Fred Turhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. Fred Turhune

Licensed Embalmer No. 1279

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)