

FILED FEB 17 1941

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

3523
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan Registration District No. 953
(b) Township Morgan New Trees Primary Registration District No. 5793-B
(c) City Paris (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. Da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry Franklin Wood Leton
(a) Residence, No. _____ St. 0 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna Alice Bridges
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 3 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer & Merchant
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) Morgan County Mo

FATHER 13. NAME Wm Wood Leton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER 15. MAIDEN NAME Nancy Jane Akers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Mo

17. INFORMANT (ADDRESS) Melva Magruder

18. BURIAL, CREMATION, OR REMOVAL PLACE Akersville Cemetery DATE Jan 7th 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Kidwell 531 Versailles Mo

20. FILED Jan 7 1941 Daleus Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 5 1941
22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1940, to Jan 5, 1941
I last saw him alive on Jan 1, 1941. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Hemiplegia left side
arteriosclerosis
Other contributory causes of importance: unknown

Name of operation none Date of _____
What test confirmed diagnosis? clinical history 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? no
If so, specify _____
(Signed) A. J. Guss M. D.
(Address) Versailles Mo

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.

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RECEIVED

District Health Officer No. 7,

District File Number 2-41-321

Date Filed 2-11-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 4021

P. O. Address Verzailles, Mo

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.)

If this body is not embalmed, above space should be left blank.