

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

33822
Do not use this space.

1. PLACE OF DEATH

(a) County Wagon Registration District No. 895
 (b) Township Wagon Primary Registration District No. 6197
 (c) City Millersburg (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

200 FANNIE D. LEACH
 (a) Residence, No. Millersburg Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Leach

22. I HEREBY CERTIFY, That I attended deceased from 9-1- 1939, to 3-22- 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1850

I last saw her alive on 3-20, 1939. Death is said to have occurred on the date stated above, at 8 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 3 15

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

Senile Debility
 Date of onset _____
 Other contributory causes of importance: 16 2/3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework
 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) Tenn

FATHER 13. NAME William Smith

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

MOTHER 15. MAIDEN NAME Sarah Thurman

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

17. INFORMANT Chester Leach (ADDRESS) Millersburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carson Hill DATE Mar 23, 1939

19. FUNERAL DIRECTOR (NAME) J. J. Gish (ADDRESS) Bedmont Mo

20. FILED Oct. 11, 1939 Mar. J. G. Bone Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) es James, M. D.
114 (Address) Wagon, Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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.

P. O. Address

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33812
Do not use this space.

1. PLACE OF DEATH

(a) County Wainwright Registration District No. 895-
(b) Township Mills Spring Primary Registration District No. 6197 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Fannie A Leach

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-7-1858

7. AGE YEARS 88 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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 _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Oct-11 1939 Mrs. J. G. Bone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1939

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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

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? _____

If so, specify _____ (Signed) C. H. Jones, M. D.

(Address) Redmond Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is required.

SUPPLEMENTARY

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

1. PLACE OF DEATH

- (a) County _____
(b) Township _____
(c) City _____

2. PRINT FULL NAME

3. If a resident, give city or town and State) St. _____

4. If not a resident, give city or town and State) _____

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

21. DATE OF DEATH (MONTH, DAY AND YEAR) _____

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

I attended _____ deceased _____ to have occurred on the date stated above, at _____.

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

Other contributory causes of importance:

Name of physician _____
What kind of complaint diagnosed _____

23. If death was due to external causes (such as) state in the following: _____
Accident, suicide, or homicide _____ Date of injury _____

Specify all tuberculosis occurred in home, or in public place, _____

Number of injury _____
Nature of injury _____

24. Was there any injury in any way related to occurrence of death? _____
If not specify _____

(Signature) _____

3. SEX _____

4. COLOR OR RACE _____

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Check the word) _____

6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

8. AGE

YEARS	MONTHS	DAYS
_____	_____	_____

9. If LESS than 1 DAY, _____ hrs. _____ min.

10. Date when first worked at _____ (Specify time (years) _____)

11. Total time (years) _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

18. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

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Do not use this space.

REPRODUCED FROM THE MISSOURI STATE ARCHIVES