

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

Do not use this space.

19149

27 1929

1. PLACE OF DEATH

County Ray Co Mo Registration District No. 744 File No. _____
 Township Richmond Primary Registration District No. 59768 Registered No. 29
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Otha Mavour Leake

(a) Residence No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-5-1880

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

48 | 8 | 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER Walter S Leake

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Maragret Bellis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Geo Leake (Address) Orisk Mo

15. FILED May 11, 1929 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-1-1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1st, 1929, to May 1-, 1929 that I last saw him alive on Apr 27, 1929, and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of Glands 53L
Left Side of Neck.
Recurrance from Mayo operation
4 or 5 yrs post (duration) 5 yrs mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4 or 5 years

WAS THERE AN AUTOPSY? Yes at wages

WHAT TEST CONFIRMED DIAGNOSIS? Recurrance
 (Signed) Robt. Sheet, M. D.

5-10, 1929 (Address) Orisk Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. South Point Ga.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL South Point Ga DATE OF BURIAL 5-3 1929

20. UNDERTAKER C. W. Wilson ADDRESS Orisk 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.

