

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

Do not use this space.

19146

IN 27 1929

**1. PLACE OF DEATH**

County Ray Co Mo  
Township Richmond  
City                      (No.                     )

Registration District No. 744  
Primary Registration District No. 3035

File No.                       
Registered No. 41  
St.                      Ward                     

**2. FULL NAME** Rufus E. Leake

(a) Residence No.                      St.                      Ward                       
(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**

male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

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

Single

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

1-10-1875

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>54</u>	<u>4</u>	<u>3</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Flagman  
Surchman  
(b) General nature of industry, business, or establishment in which employed (or employer) K.C. Southern  
(c) Name of employer                     

**9. BIRTHPLACE (CITY OR TOWN)**

Ray Co Mo

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Walter S Leake

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Missouri

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Maragret Bellis

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Ray Co Mo

(STATE OR COUNTRY)

**14. INFORMANT**

Geo Leake  
(Address) Omich Mo

**15. DATE**

May 14, 1929  
E. B. Gay  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 13 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    , and that I last saw h.                      alive on                     , 19                    , and that death occurred, on the date stated above, at                      5:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Did not see him alive. Was found dead in bed this a.m. 5:30 = Otta's Heart Disease (duration) 3 yrs. mos. ds.  
Cardio. Renal Vasculor  
Used treated for Heart Disease for several years - (duration) 3 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH                      ✓  
DID AN OPERATION PRECEDE DEATH?                       
WAS THERE AN AUTOPSY?                       
WHAT TEST CONFIRMED DIAGNOSIS?                       
(Signed) W. B. Sheets M. D.  
; 19                      (Address) Omich 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.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

South Point Cem. 5/15 1929

**20. UNDERTAKER**

C. M. Gibson Omich Mo

**DATE OF BURIAL**

**ADDRESS**

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.

