

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

Do not use this space.

17072

1. PLACE OF DEATH

County Ray
Township Crooked River
City Norborne (No. St. Ward ..)

Registration District No. 740
Primary Registration District No. 5975

File No.
Registered No. 18
St. Ward ..

2. FULL NAME

Charles Raymond Leakey

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-11-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 5 10

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Norborne Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER James Allen Leakey

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

12. MAIDEN NAME OF MOTHER Bessie Leakey

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

14. INFORMANT Mrs. Allen Leakey
(Address) Norborne Mo.

15. FILED June 10 1930 Jno W. Knipichula
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 - 1930

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1930, to May 21, 1930, that I last saw him alive on May 21, 1930, and that death occurred, on the date stated above, at about 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidentally drowned in watering tank.

18. WHERE WAS DISEASE CONTRACTED 183 (duration) ✓ yrs. ✓ mos. ✓ da.
CONTRIBUTORY (SECONDARY) 182 (duration) ✓ yrs. ✓ mos. ✓ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF 5/21
WAS THERE AN AUTOPSY..... by

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. W. Gaurin, M. D.

May 21, 1930 (Address) Rayville 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 Wakenda Cem DATE OF BURIAL May 22 1930

20. UNDERTAKER Jno W. Knipichula ADDRESS Hardin 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.

JUN 27 1930

Maiden Name of Mother Bessie Leakey

THIS IS A PERMANENT RECORD

Rockingham