

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

Do not use this space.

15696

1. PLACE OF DEATH

County Ray
Township crooked trees
City (No.) (St.) (Ward)

Registration District No. 740
Primary Registration District No. 5975

File No.
Registered No. 7

2. FULL NAME

Matelda Melvina 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 - 1862

| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|--|
| | <u>66</u> | <u>5</u> | <u>13</u> | |

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)

(STATE OR COUNTRY) Norborne Mo.

10. NAME OF FATHER James Hardin Little

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

12. MAIDEN NAME OF MOTHER Hester Crosswell

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

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

15. FILED May 19 29 Jno W. Krupischek
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 19 29

17. I HEREBY CERTIFY, That I attended deceased from 1926, to Apr. 13, 1929
that I last saw him alive on April 12, 1929, and that death occurred, on the date stated above, at 1 30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
Chronic Interstitial Nephritis
131
930 (duration) 3-4 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 13190
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Carl H. Reid, M. D.
, 19 (Address) Hardin

*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 Leakey Cem DATE OF BURIAL Apr 14 19 29

20. UNDERTAKER Jno W. Krupischek 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.

29 1929
235
1
2
1

