

REC'D MAR 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH7483
Do not use this space.

1. PLACE OF DEATH

(a) County Monticau
(b) Township Walker
(c) City CaliforniaRegistration District No. 571Primary Registration District No. 4335Registered No. 14

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.

(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

Leonard Victoria Christian 623

(a) Residence, No. _____

(Usual place of abode, if no street address, write county or city) _____

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

May 4-1917

7. AGE

YEARS

20

MONTHS

9

DAYS

6If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Clerk9. 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
occupation012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Monticau Co. Mo.

FATHER

13. NAME

Leonard Christian14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Monticau Co. Mo.

MOTHER

15. MAIDEN NAME

Ollie Balance16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Miller Co. Mo.17. INFORMANT
(ADDRESS)Leonard Christian
California

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cem

DATE

3/1193819. FUNERAL DIRECTOR (NAME)
(ADDRESS)William F. Friedman
California

20. FILED

2-28-1938H.R. Popejoy

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26- 1938

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

I last saw him _____ alive on Never _____, 19____

to have occurred on the date stated above, at _____ m.

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

Homicide

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 2-26-1938Where did injury occur? California

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Pushed down with knife in the backNature of injury Pushed down24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H.R. Popejoy Coroner, M. D.(Address) California

*Not certified
N.B.*

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

MAR 11 1938

RECEIVED

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, 2/26/38

or by

Registered Apprentice No., working under my personal supervision.

Signed

H. E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

California Mo.

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

7403

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau

Registration District No. 571

(b) Township

Primary Registration District No. 4335

(c) City California

(d) Street No.

(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

(a) Residence, No. Leonard Victoria Christian

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

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

7. AGE

YEARS

MONTHS

DAYS

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)

13. NAME

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

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 2-28-38

H. P. Popejoy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-38

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him 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) N. R. Popejoy M. D.

(Address) California

S-7483