



Austin Seminary, Class of 1905:
Left to Right: John Leighton Read
(Texas), James Robertson West
(Mississippi), William Angus
McLeod (North Carolina),
Leonard Gill (England), and at
their feet, Charles Frederick
Hancock (Arkansas).

DR. M'LEOD'S FUNERAL HELD

Native Of North Carolina,
Prominent Minister, Dies Of
Heart Illness In Texas.

PARKTON, Dec. 8.—Rev. William Angus McLeod, D.D., 71, Cuero, Texas, died after a brief heart ailment Friday night. He was born near Raeford of prominent Scotch pioneer parentage, the late John Daniel McLeod and Amanda Currie McLeod. He is survived by his wife, Mrs. Mattie Vinson McLeod; a son, William Angus, Jr., of McAllen; a brother, Dr. Newton McLeod of Dallas; a sister, Mrs. Margaret McLeod Smith of Livingston; three grandchildren, all of Texas. In North Carolina are many close relatives and friends. The funeral was held in Cuero at the First Presbyterian church, which he had served as pastor 28 years, Sunday afternoon.

Dr. —McLeod—graduated—from Austin Theological seminary in 1902; was professor of theology in that institution and pastor of Austin First Presbyterian church, prior to overseas chaplaincy duty during World War I. After discharge from war duties he served his present pastorate continuously. He was a leader in his General Assembly, author of the historical brochures and moderator of the Synod of Texas.

William Angus McLeod



**INTERESTING PREACHER
OF THE PURE GOSPEL,
CHARMING RACONTEUR,
DEVOTED PASTOR,
FAITHFUL PRESBYTER,
DILIGENT HISTORIAN,
RICH AND RARE FRIEND,
REVERED AND BELOVED
HUSBAND AND FATHER
HIS DECEASE MAKES
LIFE A LITTLE HARDER
AND DEATH A LITTLE
EASIER FOR THOSE WHO
KNEW HIM.**



Wife	Martha Elizabeth Vinson
Father	John Daniel McLeod
Mother	Isabella Amanda Currie
Children	William Angus
Birth	12 Apr 1876 Raeford, Hoke, North Carolina, USA
Death	5 Dec 1947 Cuero, DeWitt, Texas, USA

Passport Photos



MARRIAGE RECORD.

THE STATE OF TEXAS, }
COUNTY OF GRAYSON. }

To any Judge of the District Court, Judge of the County Court, Ordained or
Licensed Minister, Jewish Rabbi, or Justice of the Peace of Grayson County—GREETING:

YOU ARE HEREBY AUTHORIZED TO CELEBRATE THE RITES OF MATRIMONY

Between *Wm A M^o Lead* and *Mathie E Vinson*

and make due return to the Clerk of said Court within Sixty days thereafter, certifying your action under this License.

WITNESS my official signature and seal, this *30* day of *Aug* 190*5*.



By *A H Jouvencat* Deputy. *W E Baird* Clerk.

I, *Robt. E. Vinson* certify that on the *30th* day of *August* 190*5*,

I united in Marriage *William A M^o Lead* and *Mathie E Vinson*

the parties above named.

Witness my hand, this *31st* day of *August* 190*5*: *Robt E Vinson*
Professor in Austin Tex

Returned and filed the *3rd* day of *Sept* 190*5* *W E Baird* Clerk.

Austin
City 3905

REGISTRATION CARD

SERIAL NUMBER *3905* **NUMBER** *275* **NUMBER** *Q 2972*

1 *William Angus McLeod*
(First name) (Middle name) (Last name)

2 **PERMANENT HOME ADDRESS:**
104 E. 27 St Austin Travis Texas
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

3 **Age in Years** *42* **Date of Birth** *April 12 1876*
(Month) (Day) (Year)

RACE

White	Negro	Oriental	Indian	
			Citizen	Subject
5 <i>yes</i>	6 <i>no</i>	7 <i>no</i>	8 <i>-</i>	9 <i>-</i>

U. S. CITIZEN **ALIEN**

Native Born	Naturalized	Citizen by Father's Naturalization before Registrant's Majority	Declarant	Non-declarant
10 <i>yes</i>	11 <i>-</i>	12 <i>Father native</i>	13 <i>-</i>	14 <i>-</i>

15 If not a citizen of the U. S., of what nation are you a citizen or subject? *-*

16 **PRESENT OCCUPATION** **17** **EMPLOYER'S NAME**

Minister of the Gospel *American Y.M.C.A.*

18 **PLACE OF EMPLOYMENT OR BUSINESS:**
Y.M.C.A. The Commons Southhampton Eng
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

19 **NEAREST RELATIVE** *Wife, Mrs. Mattie V. McLeod*
20 *R. F. D. 8, Box 112, San Antonio, Bexar, Tx.*
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE

W. A. McLeod
(Registrant's signature or mark)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT	BUILD			COLOR OF EYES	COLOR OF HAIR	
	Tall	Medium	Short			Slender
21 <i>Yes</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>24</i>	<i>25</i>	<i>26</i> <i>Yes</i>

22 *Is there any loss of arm, leg, hand, eye, or is he obviously physically disqualified?*
No.

23 I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark, and that all of his answers of which I have knowledge are true, except as follows:

Alfred W. Swales
Oct. 11-1918

Date of Registration *Oct. 11-1918*

UNITED STATES CONSUL
 SOUTHAMPTON

City Board Austin
 Austin, Texas

(STAMP OF LOCAL BOARD)

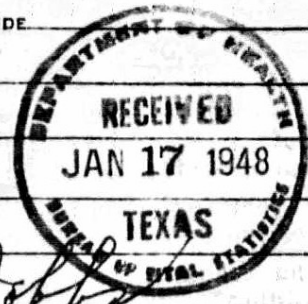
(The stamp of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

(OVER)

418

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		50259	
STATE OF TEXAS		COUNTY OF <u>DeWitt</u>			
CITY OR PRECINCT NO. <u>Cuero</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION <u>304 Depot Street</u>			
2. FULL NAME OF DECEASED <u>William Angus McLeod</u>					
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>28</u> YEARS - MONTHS - DAYS. (SOCIAL SECURITY NO. ---)					
RESIDENCE OF THE DECEASED		STREET AND NO. <u>304 Depot Street</u>		CITY <u>Cuero</u> COUNTY <u>DeWitt</u> STATE <u>Texas</u>	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>			
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Married</u>		17. DATE OF DEATH <u>December 5th 1947</u>			
6. DATE OF BIRTH <u>April 12 1876</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Nov. 20 1947</u> TO <u>Dec. 5 1947</u>			
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY <u>71</u> <u>7</u> <u>23</u>		I LAST SAW HIM ALIVE ON <u>Dec 5 1947</u>			
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Ministry</u>		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>7:10 P.</u> M.			
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Presbyterian Church</u>		THE PRIMARY CAUSE OF DEATH WAS: <u>Coronary Occlusion</u>			
9. BIRTHPLACE (STATE OR COUNTRY) <u>Raford, North Carolina</u>		DURATION			
10. NAME <u>John Daniel McLeod</u>		CONTRIBUTORY CAUSES WERE			
11. BIRTHPLACE (STATE OR COUNTRY) <u>North Carolina</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE			
12. MAIDEN NAME <u>Amanda Currie</u>		DATE OF OCCURRENCE			
13. BIRTHPLACE (STATE OR COUNTRY) <u>North Carolina</u>		PLACE OF OCCURRENCE			
14. SIGNATURE <u>Angus McLeod</u>		MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY			
ADDRESS <u>McAllen TEXAS</u>		SIGNATURE <u>J. C. [Signature]</u> M.D. Cuero TEXAS			
15. PLACE OF BURIAL OR REMOVAL <u>Oakwood Cemetery, Austin TEXAS</u>		POSTOFFICE ADDRESS			
DATE <u>December 7th 1947</u>		20. FILE NUMBER			
16. SIGNATURE <u>Freund Funeral Home</u>		FILE DATE <u>Dec. 6 1947</u>			
ADDRESS <u>Cuero TEXAS</u>		SIGNATURE OF LOCAL REGISTRAR <u>Arthur Fischer</u>			
		POSTOFFICE ADDRESS <u>Cuero TEXAS</u>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE



Graveside Services Set Today For Pastor William McLeod

Graveside services for Dr. William Angus McLeod, 71, former Austin pastor, will be conducted Sunday at 5 p. m. at Oakwood Cemetery with Dr. R. F. Gribble officiating.

The rites will follow a 1 p. m. Sunday service at Cuero, where Dr. McLeod was pastor of the First Presbyterian Church for the past 28 years. He died at his Cuero home Friday.

Surviving are his widow; one son, Angus McLeod of McAllen; two brothers, Dr. J. N. McLeod of Dallas and Norman McLeod of Houston; and two sisters, Mrs. Robert T. Smith of Alaska and Mrs. Paul Stanford of Palestine.

A onetime professor of systematic theology at the Austin Presbyterian Theological Seminary, Dr. McLeod spent two years overseas in World War I as a YMCA secretary. Past president of the Cuero Rotary Club and a 32-degree Scottish Rite mason, he was moderator of the Presbyterian Synod of Texas in 1932.

Having received an honorary Doctor of Divinity degree from Austin College in 1902, Dr. McLeod was ordained in June, 1905. He was pastor at Nacogdoches and Lufkin from 1905-07, at Ennis from 1907-12 and in Austin at the First Southern Presbyterian Church, from 1912-14. He taught at the seminary from 1914-18. He married Martha Elizabeth Vinson at Sherman in 1905.

Rev. Albert F. Jesse officiating. Burial will be in Oakwood Cemetery.

DEC 7, 1947

REGISTRATION CARD—(Men born on or after February 17, 1897 and on or before December 31, 1921)

SERIAL NUMBER	1. NAME (Print)	ORDER NUMBER
T 896	William Angus McLeod, Jr. <small>(First) (Middle) (Last)</small>	19912

2. PLACE OF RESIDENCE (Print)

Sanford Rt. 1 (Box 91) Greenwood Lee N.C.
(Number and street) (Town, township, village, or city) (County) (State)

[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS

N.C. State College Box 3611 Raleigh, N.C.
[Mailing address if other than place indicated on line 2. If same insert word same]

4. TELEPHONE	5. AGE IN YEARS	6. PLACE OF BIRTH
	20	Lee Co.
	DATE OF BIRTH	<small>(Town or county)</small>
	May 4 1921	N.C.
<small>(Exchange) (Number)</small>	<small>(Mo.) (Day) (Yr.)</small>	<small>(State or country)</small>

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS

Mr. W. A. McLeod, Sanford, N.C. Rt. 1

8. EMPLOYER'S NAME AND ADDRESS

College Student

9. PLACE OF EMPLOYMENT OR BUSINESS

(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

William A. McLeod, Jr.
(Registrant's signature)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION		
White	6'	200	Sallow		
	EYES	HAIR	Light		
Negro	Blue	Blonde	Ruddy		
	Gray	Red	Dark		
Oriental	Hazel	Brown	Freckled		
	Brown	Black	Light brown		
Indian	Black	Gray	Dark brown		
		Bald	Black		
Filipino					

Other obvious physical characteristics that will aid in identification.....

None

I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

W. Glenn McLeod
(Signature of registrar)

Registrar for Local Board *1 Lee N.C.*
(Number) (City or county) (State)

Date of registration *February 16, 1942*

Local Board No. 1	46
Lee County	100
	001

(STAMP OF LOCAL BOARD)

National Bank Bldg.
Sanford, N. C.

(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space)

Son: William Angus McLeod, Jr.

McLeod-Manning Nuptials Read In Cuero

CUERO, June 5 — Miss Helen Louise Manning, daughter of Mr. and Mrs. Kent S. Manning of McAllen became the bride of William Angus McLeod, Jr., son of Rev. and Mrs. W. A. McLeod, Cuero, at a simple home ceremony performed Saturday morning at the McLeod home, the Rev. McLeod officiating.

Vows were said under an archway of magnolia blossoms and fern, and arrangements of white gladioli adorned the home.

The bride was attractive in a navy blue ensemble with accessories of navy and white. Her only attendant was her sister, Miss Ruth Manning, who was attired in dusty pink with blue accessories. Jerry Wilhite of Austin served as best man.

Following a wedding breakfast, Mr. and Mrs. McLeod left for a trip to San Antonio.

**William Angus McLeod, Jr.,
Wedding, JUN 5, 1939**

1. PLACE OF DEATH a. COUNTY <i>Hidalgo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Texas</i> b. COUNTY <i>Hidalgo</i>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <i>McAllen</i>		c. CITY OR TOWN (If outside city limits, give precinct no.) <i>McAllen</i>	
c. LENGTH OF STAY in l. b. <i>24 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>619 N. 9th St.</i>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>McAllen Municipal Hospital</i>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First <i>William</i> (b) Middle <i>Angus</i> (c) Last <i>McLeod, Jr.</i>		4. DATE OF DEATH <i>November 24, 1961</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 17, 1912</i>
9. AGE (In years last birthday) <i>49</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Attorney-at-law</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Law</i>		11. BIRTHPLACE (State or foreign country) <i>Ennis, Tex.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>William Angus McLeod, Sr.</i>	
14. MOTHER'S MAIDEN NAME <i>Mattie Vinson</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>457-60-8896</i>		17. INFORMANT <i>Helen Manning McLeod wife</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH App 2 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		?
DUE TO (c) Coronary Insufficiency		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <i>None</i>
20c. TIME OF INJURY Hour Month Day Year <i>None</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <i>None</i>	20f. CITY, TOWN, OR LOCATION <i>None</i>

TEXAS DEPARTMENT OF HEALTH
REC'D. DEC 12 1961
BUREAU OF VITAL STATISTICS

21. I hereby certify that I attended the deceased from <i>Jan. 27</i> 19 <i>61</i> to <i>11/24</i> 19 <i>61</i> and last saw the deceased alive on <i>11/24</i> 19 <i>61</i>		22a. SIGNATURE <i>J. F. Fitch</i> M.D.		22b. ADDRESS <i>McAllen, Tex.</i>		22c. DATE SIGNED <i>11/25/61</i>	
22a. SIGNATURE <i>J. F. Fitch</i> M.D.		22b. ADDRESS <i>McAllen, Tex.</i>		22c. DATE SIGNED <i>11/25/61</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/27/61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Roselawn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>McAllen Tex.</i>	
23d. LOCATION (City, town, or county) (State) <i>McAllen Tex.</i>		23e. FUNERAL DIRECTOR'S SIGNATURE <i>D. J. Maxwell</i>		23f. REGISTRAR'S SIGNATURE <i>Natividad Sanchez</i>		23g. LOCAL REGISTRAR	
25a. REGISTRAR'S FILE NO. <i>234</i>		25b. DATE REC'D BY LOCAL REGISTRAR <i>11-27-61</i>		25c. REGISTRAR'S SIGNATURE <i>Natividad Sanchez</i>		25d. LOCAL REGISTRAR	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58

Son's death certificate

MARY BRICE,
DAUGHTER OF
W.A. AND M.V. MCLEOD
BORN IN ENNIS, TEX.
APR. 19, 1907
DIED IN AUSTIN, TEX.
NOV. 27, 1915

*She carried sunshine into many
cheerless hearts,
And lived, not long, but much.
Absent from the body, present
with the Lord.*

Au revoir.

**DAUGHTER MARY, WHO
DIED AS A CHILD.**