UN 4 1928

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

Do not use this space.

13918

1. PLACE OF DEATH

County Lewis — Registration District No. 480 — File No.

Township — Primary Registration District No. 4289 — Registered No. 10

City La Grange (No. ..... St. ..... Ward)

2. FULL NAME John Lewis Leatherman

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9th 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	6	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Deer Ridge
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER E.J.Leatherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wheeling
(STATE OR COUNTRY) W.V.

12. MAIDEN NAME OF MOTHER Mary McCormick

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

14. INFORMANT James Thorington
(Address) La Grange Mo.

15. FILED 4-1, 1928 W. Ellery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-19th 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 11th, 1928, to April 19, 1928 that I last saw him alive on April 19th, 1928 and that death occurred, on the date stated above, at 2-55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

13

11 D (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bright's Disease

(duration) 1 yrs. ± mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

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) Wm Ellery, M.D

, 19 (Address) La Grange 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	DATE OF BURIAL
La Grange	April 21 1928
20. UNDERTAKER	ADDRESS
A.A.Roberts	La Grange, 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.