OCT 26 1928

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space. Dumbarton

30782

1. PLACE OF DEATH

County Jasper — Registration District No. 407 — File No.

Township — Primary Registration District No. 4241 — Registered No.

City Carterville (No. ..... St. ..... Ward)

2. FULL NAME Robert J. Leathers

(a) Residence. No. 404 N. Kentucky St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 1, 1866

7. AGE: Years 62 — Months x — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mine Supt.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

114A 1074

9. BIRTHPLACE (CITY OR TOWN): Latham Logan County
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Dr. W. P. Leathers
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Oklahoma
12. MAIDEN NAME OF MOTHER: Anna R. Darden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Maryland

14. INFORMANT: Mrs. Lula Leathers
(Address): Carterville Mo.

15. FILED 9-11, 1928 C. L. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-1-28, 19..., to 9-10, 1928, that I last saw him alive on Aug 24, 1928, and that death occurred, on the date stated above, at 10 o'c a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Silicosis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Working in mines
(duration) ..... 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 & X-Ray
(Signed) B. A. Dumbarton, M. D.
, 19 (Address) Webb City 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: Diamond Mo — DATE OF BURIAL: 9-13 1928

20. UNDERTAKER: Webb City Und. Co — ADDRESS: Webb City Mo.