

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

Do not use this space.

40427

**1. PLACE OF DEATH**

County St. Louis  
Township St. Anthony  
City Huntersville (No. ....)

Registration District No. 723  
Primary Registration District No. 4438

File No. ....  
Registered No. 41  
St. .... Ward)

**2. FULL NAME**

Mattie Emily Leathers  
(a) Residence. No. 8 Depot St., .... Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

**4. COLOR OR RACE**

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

Female white Married

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Dec. 25, 1930

**17.** I HEREBY CERTIFY, That I attended deceased from Dec 25, 1930 to Dec 25, 1930, that I last saw her alive on Dec 20, 1930 and that death occurred, on the date stated above, at 2:45 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Angina Pectoris

74A  
66H

(duration) yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

Isotia

(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**

H. G. Bragg (Signed) M. D.

17/31, 1930 (Address) Huntersville

\*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**

Huntersville

Dec. 28, 1930

**20. UNDERTAKER**

**ADDRESS**

G. C. Minor

Huntersville  
Mo.

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
HUSBAND OF (OR) WIFE OF J. W. Leathers

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Jan. 17, 1858

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
72. 11 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE** (CITY OR TOWN) Macon County  
(STATE OR COUNTRY) Mo.

**10. NAME OF FATHER** James Rogers

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

**12. MAIDEN NAME OF MOTHER** Eliza Bankhart

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

**14. INFORMANT** Mrs. Robt. May  
(Address) Huntersville Mo

**15. FILED** Dec 31, 1930 G. E. Bragg REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

