

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

Do not use this space.

APR 27 1936

13734

1. PLACE OF DEATH

County Stoddard Registration District No. 838
 Township Fitzgerald Primary Registration District No. 4509
 City Dexter (No. _____) St. _____ Ward _____

File No. 7

Registered No. _____

2. FULL NAME

Junior Leathers

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 5, 1927</u>				
7. AGE YEARS <u>8</u>	MONTHS <u>7</u>	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parma Mo. New Madrid Co.</u>			
	13. NAME <u>Levin Alvin Leathers</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Esser Mo.</u>			
	15. MAIDEN NAME <u>Dessie Wilson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Thos M. Leathers</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma Cemetery</u> DATE <u>3/27 1936</u>				
19. UNDERTAKER <u>Rice-Lamson</u> (ADDRESS) <u>Dexter Mo. U.S.</u>				
20. FILED <u>4-10</u> 19 <u>36</u> <u>Alice L. Norman</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1936 to March 25, 1936
 I last saw him alive on March 25, 1936 Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous Nephritis Date of onset 1-10-36

Other contributory causes of importance:
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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) D. J. Cannon M. D. 6
 (Address) Dexter 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

