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

Do not use this space.

26983

AUG 21 1936

1. PLACE OF DEATH
County Jasper Registration District No. 408
Township Primary Registration District No. 3020
City Carthage (No. 736 E. Sixth St. Ward)

File No.
Registered No.

2. FULL NAME Mattie J. Leakey
(a) Residence, No. 736 E. Sixth St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1858

7. AGE: Years 78 | Months 1 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Indiana

FATHER
13. NAME Francis M. Oakley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Harriet L. Hazlett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Ella Elkins 736 E. Sixth St., Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE July 7, 1936

19. UNDERTAKER (ADDRESS) The Ulmer Funeral Home Carthage, Mo.

20. FILED July 7, 1936 S. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to July 5, 1936
I last saw her alive on July 5th, 1936. Death is said to have occurred on the date stated above, at 2:45pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1934
46	

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? Gen phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify
(Signed) W. A. LaForce M. D.
(Address) Carthage Mo

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.

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