

REC'D MAR 14 1938

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

6130

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 206
(c) City St. Joseph (d) Street No. 3018 Locust St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Nellie S. Leaman 550
(a) Residence, No. 3018 Locust St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Geo. T. Leaman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 14, 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
89 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as 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) Watertown,
(STATE OR COUNTRY) New York.

FATHER 13. NAME William Kimball 1
14. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) England. 4

MOTHER 15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) Unk.

17. INFORMANT Geo. R. Leaman
(ADDRESS) 3018 Locust St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cemetery DATE Feb. 14, 1938.

19. FUNERAL DIRECTOR Walter Meicholke
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 2-14, 1938 T. J. Neelbush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1938 1938

22. I HEREBY CERTIFY, That I viewed deceased from 2-14, 1938, to 1938, 1938

I last saw her ex alive on 1938, 1938. Death is said

to have occurred on the date stated above, at 3.45 m. A.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) T. W. Tadlock Coroner
(Address) King Hill City, Mo.

STATEMENT BY LICENSED EMBALMER

I, William H. Kelly....., Licensed Embalmer No. Mo. 394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

.....
L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed William H. Kelly
.....
Licensed Embalmer No. Mo. 394

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)