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.

REC'D APR 14 1938

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

10147
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph.
(d) Street No. St. Joseph's Hospital. 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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
Registered No. 285

2. PRINT FULL NAME Charles Ermund Leighty. 230
(a) Residence, No. 1110 Olive Street. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Florence Leighty.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 17, 1867.

7. AGE: YEARS 71 | MONTHS 0 | DAYS 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common Laborer.
9. Industry or business in which work was done, as saw mill, bank, etc. St. Joseph Gas Co
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 6Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mc. Donald County. Illinois.

FATHER
13. NAME: W.H. Leighty.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Pennsylvania.

MOTHER
15. MAIDEN NAME: Ruth Anna Merritt.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Ohio.

17. INFORMANT (ADDRESS): Albert Leighty. 1110 Olive Street.

18. BURIAL, CREMATION, OR REMOVAL: City Cemetery.
PLACE St. Joseph Mo. DATE March 9 1938

19. FUNERAL DIRECTOR (ADDRESS): H.O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.

20. FILED 3/9 1938 H.J. Westlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1938, to Mar 7, 1938
I last saw him alive on Mar 7, 1938. Death is said to have occurred on the date stated above, at 6:P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar 3/8
93C	
Other contributory causes of importance: Influenza	Mar 1/8
Chr. Myocarditis	

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

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? No
If so, specify
(Signed) Frank H. Hanlegan, M. D.
(Address) Kinkpatrick Bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson; Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed: Robert P. Clarkson

Licensed Embalmer No. 4028.

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