

REC'D JUN 24 1938

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

19778  
Do not use this space.

1. PLACE OF DEATH

(a) County Trigg Registration District No. 1171  
(b) Township Yukon Primary Registration District No. 6145 Registered No. \_\_\_\_\_  
(c) City Yukon (d) Street No. \_\_\_\_\_  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Evelyn E. Leatherman

(a) Residence, No. \_\_\_\_\_ St. Louisville Kentucky 365  
(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 M. 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 Mrs. Leatherman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1861  
7. AGE YEARS 76 MONTHS 5 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
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) 2 years ago 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

FATHER 13. NAME William H. Leatherman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

MOTHER 15. MAIDEN NAME Anna Sively

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Kentucky

17. INFORMANT A. E. Leatherman (ADDRESS) Yukon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisville Ky DATE 5/26/38

19. FUNERAL DIRECTOR Smith + Ferguson (ADDRESS) Licking Mo.

20. FILED May 25, 1938 Mrs. Doris Gregory Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to May 24, 1938  
I last saw him alive on May 27, 1938 Death is said to have occurred on the date stated above, at 8 p. m.  
The principal cause of death and related causes of importance were as follows:

Appoplexy  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
High blood pressure  
Lead Poisoning

Name of operation none 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? 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? Yes  
If so, specify Painter  
(Signed) L. B. Sandall, M. D.  
(Address) Licking 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.

STATEMENT BY LICENSED EMBALMER

I, Erbert E Ferguson....., Licensed Embalmer No. 3945

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

L. E.

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Erbert E Ferguson

Licensed Embalmer No. 3945

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