

REC'D JUN 8 1938

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

19846
Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 903
 (b) Township Franklin Primary Registration District No. 4544
 (c) City Alleysale (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 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Julia Leah McLeish 242
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Leish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Lined with son
 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) Alleysale Mo.

FATHER 13. NAME Robert Glenn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Elizabeth Mosage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Glenn M. Leish Alleysale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lot 4 Home DATE 5/7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Grunlee Grand City, Mo.

20. FILE NO. 98 401 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to May 1938
 Last saw h. alive on May 5 1938. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:

Thrombosis of Aorta Date of onset _____
and Angina 9510

Other contributory causes of importance: Age

Name of operation Name Date of _____
 What test confirmed diagnosis? Name Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Name Date of injury _____, 19____
 Where did injury occur? Name
 (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) James M. Leish, M. D.
 (Address) Grand City, 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

myself, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Arch C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address *Grant City, Mo*

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.)

If this body is not embalmed, above space should be left blank.