

REC'D MAY 19 1939

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

15882
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township Jugon Primary Registration District No. 3034
(c) City Moberly Mo (d) Street No. _____ Registered No. 68
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME JAMES WILLIAM LEATH

(a) Residence, No. 822 SOUTH CLARK 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby Leath
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-14-1883
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 | 8 | 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Macon Co. (STATE OR COUNTRY) Missouri

13. NAME James M. Leath

14. BIRTHPLACE (CITY OR TOWN) Macon Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Permelia Bailey

16. BIRTHPLACE (CITY OR TOWN) Macon Co. (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. J. W. Leath
822 S. Clark Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE April 2-39

19. FUNERAL DIRECTOR (NAME) Snow Funeral Home (ADDRESS) Moberly Missouri

20. FILED Apr. 2 1939 Paul Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-30-1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 1939, to Mar 30 1939
I last saw h. Mar 30 1939. Death is said to have occurred on the date stated above, at 6:35 P.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Abdomen
Primary Lesion Vertebral in Kidney

Other contributory causes of importance:
None

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? 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) L. J. Drexel, M. D.
955 (Address) Moberly 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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 10

District File Number 10-39-911

Date Recd MAY 18 1939

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 James

✓, or by R. M. Catlett

Registered Apprentice No. 185, working under my personal supervision.

Signed Thos. E. Barnes

Licensed Embalmer No. 2414

P. O. Address Moberly Mo

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

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