

REC'D JUN 8 1939

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

18636

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township 1 Primary Registration District No. 2001 Registered No. 406
(c) City Springfield, Mo. (d) Street No. 712 N. Grant 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

365 William Allen Letterman.
(a) Residence, No. 712 N. Grant 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 male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 14, 1939				
7. AGE ✓	YEARS 0	MONTHS 0	DAYS 0	If LESS than 1 day, 9 hrs. or 0 min.
OCCUPATION	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.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.			
	13. NAME Loren Letterman,			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.			
	15. MAIDEN NAME Leava Ledbetter.			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.				
17. INFORMANT J.C. Ledbetter, (ADDRESS) 1517 W. Walnut St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Wise Hill, Can DATE May, 15, 1939				
19. FUNERAL DIRECTOR T.W. Maples, (ADDRESS) Clever, Mo.				
20. FILED 5-15- 19 39 Chas A. George MD Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May, 15, 1939**

22. **5, 14, 39** HEREBY CERTIFY That I attended deceased from **5, 14, 39** to **5, 15, 39**, 19...
I last saw him alive on **5, 14, 39**, 19... Death is said to have occurred on the date stated above, at **6 a.m.**
The principal cause of death and related causes of importance were as follows:
Premature birth

Other contributory causes of importance:

Name of operation..... 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?.....
If so, specify.....
(Signed) **J. J. Musick**, M. D.
Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1-131204

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was ^{not} embalmed ~~by~~ _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

J. W. Maples

Licensed Embalmer No.

2985

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.)

J