

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

27114
Do not use this space.

REC'D AUG 23 1939

1. PLACE OF DEATH 2

(a) County Vernon Registration District No. 876

(b) Township Lube Primary Registration District No. 6164 Registered No. _____

(c) City _____ (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stephen Leatham

(a) Residence, No. _____ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pholbe Leatham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-1849

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>90</u>	<u>2</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

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) Murportage Ohio

FATHER

13. NAME Elisha Leatham

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

MOTHER

15. MAIDEN NAME Elmina Merriam

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

17. INFORMANT (ADDRESS) Mrs. Stephen Leatham
Porton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wells, Mo. DATE 8/10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beckinger
Newada, Mo.

20. FILED Aug. 9, 1939 Stella J. Ford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1939 to August 8, 1939
I last saw him alive on August 17, 1939. Death is said to have occurred on the date stated above, at 22 m.
The principal cause of death and related causes of importance were as follows:
Acute Indigestion!

Date of onset 8/7
1939

Other contributory causes of importance:
Advanced age

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam 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) J. M. Love, M. D.
Newada, Mo.
799 (Address)

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.

150

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/21/39

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

working under my personal supervision.

Signed Marsh Eichinger
Licensed Embalmer No. 26B6-
P. O. Address Merada, Mo

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27114
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 876
(b) Township Lake Primary Registration District No. 6164 Registered No. _____
(c) City _____ (d) Street No. _____ 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 Stephen Heathman

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 2 18

acute indigestion
caused by eating watermelon
Date of onset _____

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

Other contributory causes of importance:
advanced age
118 C

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

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19____ Local Registrar.

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. W. Love M. D.
(Address) Nevada

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of cause of death to be properly classified. Exact statement of cause of death to be properly classified.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1939
S-27114