

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.

FILE MAY 19 1940

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

14898
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 359
 (c) City SPRINGFIELD (d) Street No. 849 - S. Market 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 LEONA LEACHMAN
 (a) Residence, No. 849 - S. Market St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 38 - unknown

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

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

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

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

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

17. INFORMANT Earnest Leachman (ADDRESS) 840 - S. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Nagleswood DATE April 22 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.V. Lynn 701 N. Jefferson

20. FILED 4/15/40 1940 Dr. W.E. Handley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1940

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h. alive on April 13 1940 Death is said to have occurred on the date stated above, at 9 a. m. The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Chronic Alcoholism
 Date of onset 12/7/39

Other contributory causes of importance:
Chronic Alcoholism

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was 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) R. M. White M. D.
 (Address) Cornes Square County

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.....

..... *Herbert V. Smith*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Herbert V. Smith*

Licensed Embalmer No. *3324*

P. O. Address *702 - W. Jefferson*

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.

X