

REC'D AUG 4 1939

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

26641

Do not use this space.

1. PLACE OF DEATH

(a) County Boyer Registration District No. 744
 (b) Township Richmond Primary Registration District No. 3035 Registered No. 239
 (c) City Richmond, Mo. (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? mos. ds.

2. PRINT FULL NAME Addie Leever

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 - 1873

7. AGE YEARS 65 MONTHS 9 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
 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) Blanchester Ohio

FATHER 13. NAME not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Kenneth Leever (ADDRESS) Richmond Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Condon Mo DATE July 16th 1939
 19. FUNERAL DIRECTOR Brothers Funeral Home (ADDRESS) Richmond Mo
 20. FILED July 31 19 39 Macl Jackson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14 1939, to July 14 1939. I first saw him alive on July 14 1939. Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:
Myocardial and
mitral insufficiency
 Date of onset _____

Other contributory causes of importance: 92 h

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

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) G. W. Gardner, M. D.
Richmond, Mo. (Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Filed 6/23/39

STATEMENT BY LICENSED EMBALMER

I, Brothers Funeral Home, Licensed Embalmer No. 2001
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. B. Brothers
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Brothers Funeral Home
J. B. Brothers,
Licensed Embalmer No. 2001

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.)