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.

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

Do not use this space.

12636

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 1574

Township: Kaw — Primary Registration District No.: 1004 — Registered No.: 1574

City: Kansas City (No. Research Hospital St. Ward)

2. FULL NAME LEATHERMAN, Yvette

(a) Residence, No. 4133 Holly Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
fem	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 18 - 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	15	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, 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): Kansas City, Missouri

FATHER

13. NAME: Raymond Leatherman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Junction City, Kas.

MOTHER

15. MAIDEN NAME: Amelia Harriman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California, Mo.

17. INFORMANT (ADDRESS): Raymond Leatherman 4133 Holly St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Hill, Mo. DATE: Apr 15, 1932

19. UNDERTAKER (ADDRESS): R. V. LINDSEY & SONS, Inc. 3811 Broadway

20. FILED: 4-14, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to April 13, 1932

I last saw her alive on April 13, 1932. Death is said to have occurred on the date stated above, at 8 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute pulmonary edema	4/13
pulmonary embolus	4/13

Other contributory causes of importance:

Nephritis -	about 12/20/31
Erythema multiforme	3/7-'31

Name of operation: no Date of:

What test confirmed diagnosis? Exam 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) Robert Davis, M. D.

(Address) 1024 Professional Bldg