REC'D MAR 14 1938

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

6110
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph,
Registration District No. 85
Primary Registration District No. 1001
Registered No. 185
(d) Street No. Missouri Methodist Hosp 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 6 yrs. 10 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leatha Helen Valentine 453
(a) Residence, No. St. R F D 6 St. Joseph, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April. 6. 1931

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 6 | 10 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ist Grade
9. Industry or business in which work was done, as saw mill, bank, etc. Weis School
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) Buchanan County, Missouri

FATHER
13. NAME Thomas B Valentine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halls, Missouri

MOTHER
15. MAIDEN NAME Marie Iva Steinman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri.

17. INFORMANT Thomas B Valentine
(ADDRESS) St. Joseph, R F D 6

18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery
PLACE St. Joseph, Mo. DATE Febr. 12 1938

19. FUNERAL DIRECTOR H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str St. Joseph, Mo.

20. FILED 2/11 1938 [illegible] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Febr. 7, 1938, to Febr. 10, 1938
I last saw her alive on Febr. 10, 1938. Death is said to have occurred on the date stated above, at 9/15 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Infantile Kidney | |
| & Wilms Tumor Kidney | |
| with Uremia | Febr 6/38 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) [illegible], M. D.
(Address) [illegible]

(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.

**STATEMENT BY LICENSED EMBALMER**

I, Robert P. Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

----- I. E. ----- ------

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

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

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