

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

PLACE OF DEATH

County, Marion

Township _____
or
Village _____
or
City Hannibal

Registration District No. 547
Primary Registration District No. 3029
(NO. St. Marys Ave St. 1st Ward)

File No. 35214
Registered No. 260

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mary J Leonard

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>
DATE OF BIRTH <u>Aug. 26, 1836</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>1</u> mos. <u>7</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Rolla Co. Mo.</u>		
PARENTS	NAME OF FATHER <u>N. Wilson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Not known</u>	
	MAIDEN NAME OF MOTHER <u>Mary Richardson</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Here.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Oct. 2, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sep 30, 1911, to Oct 2, 1911, that I last saw her alive on Oct 2, 1911, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH* was as follows:

Uremia
131
132K

(Duration) 1 yrs. 1 mos. 3 ds.
Contributory Bright's disease
(SECONDARY)
(Duration) 1 yrs. 1 mos. 3 ds.
(Signed) A. L. Shanks M. D.
Oct 3, 1911 (Address) Hannibal

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted
If not at place of death?
Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hannie Leonard

(ADDRESS) Hannibal Mo.

Filed Oct 3, 1911 W. H. Youse
REGISTRAR

PLACE OF BURIAL OR REMOVAL
St. Olivet
UNDERTAKER
Smith & Spalding
DATE OF BURIAL
Oct. 5, 1911
ADDRESS
Hannibal

