

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

10854

1. PLACE OF DEATH

County Registration District No. File No.
 Township St Louis mo Primary Registration District No. 2073 Eugenia Registered No.
 City St Louis mo (No. 2073 Eugenia) St. Ward)

2. FULL NAME

(a) Residence No. 2073 Eugenia St. 6 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2-25-1920</u>		
7. AGE	YEARS	MONTHS
	DAYS	IF LESS than 1 day, <u>7</u> hrs. or <u>—</u> min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St Louis mo
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Beverly Leonard</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Mary Scott</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Arkansas</u> (STATE OR COUNTRY)

14. INFORMANT Katie Leonard
 (Address) 2073 Eugenia St.

15. FILED Max Starroff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/26 1920
 17. I HEREBY CERTIFY, That I attended deceased from 2/25 1920 to 2/26 1920
 that I last saw him alive on 2/26 1920, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Death

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Frederic Shivers, M. D.

, 19 (Address) 2105 Market St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL
27 5 1920

20. UNDERTAKER

ADDRESS

J. Boyd Leonard

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.

