

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

Do not use this space.

1207

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township Staw Primary Registration District No. _____ Registered No. 254
 City Kansas City (No. 112 Clinton Place St. _____ Ward _____)

2. FULL NAME Leonel Cobb Drury
 (a) Residence. No. 112 Clinton Pl. St. _____ Ward _____ (If nonresident give city or town and State)
 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16, 1890

7. AGE YEARS 36 MONTHS 1 DAYS 1 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Susan Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

14. INFORMANT Robt. W. Drury
 (Address) 112 Clinton Place

15. FILED Jan 19 1927 M. M. Crowe REGISTRAR
dech

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17 19 27

17. I HEREBY CERTIFY, That I attended deceased from January 11 1927, to Jan 17 1927, that I last saw h. alive on Jan 17 1927, and that death occurred, on the date stated above, at 4:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis Bilateral.
37 234
45 (duration) yrs. 6 mos. ds.
 CONTRIBUTORY Intermittent tuberculosis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Not known

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
 (Signed) Harford F. Pittam, M. D.
Jan 19 1927 (Address) 744 Pathway Bldg, Kansas City, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL Jan 19 1927

20. UNDERTAKER L. W. Newcomer's Sons N.C. Mo. ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

200. 00
744 Lathrop 1000 g
2-5.