

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

21350

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Rau Primary Registration District No. 1007  
 City Kansas City (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Miss Virginia Ophelia Leonard  
 (a) Residence. No. 1811 Myrtle St. 2 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 6 mos. 20 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2051  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Albert Leonard  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8 - 1890  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
37 3 28  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) Warren County  
 (STATE OR COUNTRY) near Roseville Ill.  
 10. NAME OF FATHER Jno Milton Brown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ill.  
 12. MAIDEN NAME OF MOTHER Alice Curtis  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ill.  
 14. INFORMANT Wm. Albert Leonard  
 (Address) 1811 Myrtle Ave City  
 15. FILED 7/6 27 M. M. Croome REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1927  
 17. I HEREBY CERTIFY, That I attended deceased from July 4 1927, to July 6 1927, that I last saw her alive on July 6, 1927, and that death occurred, on the date stated above, at 10:15 a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Streptococci cellulitis  
right side of face - Abscess  
thrombosis  
 (duration) yrs. \_\_\_\_\_ mos. 6 ds.  
 CONTRIBUTORY (SECONDARY) Bronchial Pneumonia  
(Streptococci) (duration) yrs. \_\_\_\_\_ mos. 1 ds.  
 18. WHERE WAS DISEASE CONTRACTED 1811 Myrtle  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID IN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WOULD THERE BE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? Bluenell's Typhoid  
or Typhoid Pneumonia (Signed) \_\_\_\_\_ M. D.  
7/6 1927 (Address) 308 Charles Bldg  
 \*State the DISEASE CAUSING DEATH, or in death, \_\_\_\_\_ CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether \_\_\_\_\_ SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Roseville Ill. DATE OF BURIAL July 9 1927  
 20. UNDERTAKER Oylan Bros. ADDRESS Warren County 1800 Linwood

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.

