

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

Do not use this space.

27432

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....399
 Township.....Kaw..... Primary Registration District No.....1002
 City.....Kansas City..... (No. 101 Rock Springs Road)..... St. Ward)

File No.
 Registered No.
 St. Ward)

2. FULL NAME John Leonard

(a) Residence. No. 101 Rock Springs Road, Ward.
 (Usual place of abode) 51st - man (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Married
 SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Mrs. Katherine Leonard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14, 1858

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

69 | 4 | 12

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Michael Leonard

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

12. MAIDEN NAME OF MOTHER Katherine

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

14. INFORMANT William A Foley
 (Address) 17 Chest 73rd St Terrace

15. FILED 9/28 27 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1927⁹

17. Feb HEREBY CERTIFY, That I attended deceased from Sept 26, 1927, to Sept 26, 1927, that I last saw him alive on Sept 26, 1927, and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - Chronic
9:30
99B

(duration) 10 yrs. 0 mos. 0 ds.
 CONTRIBUTORY Endarteritis, Chronic
 (SECONDARY) (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRAINED? IF NOT PLACE OF DEATH
 C. DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Consultation
 (Signed) C. H. C. Cornuch, M. D.
9/27, 1927 (Address) 2602 East 15th KC. 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 Kingsville Mo DATE OF BURIAL Sept 29 19 27

20. UNDERTAKER Quirk & Tobin -- 20 West Linwood
 ADDRESS

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.

