

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

Do not use this space.

A230

1. PLACE OF DEATH

County Columbia Registration District No. 111
Township Caledonia Primary Registration District No. 5161
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 47
_____ St. _____ Ward _____

2. FULL NAME

Jacob Ellis Leonard

(a) Residence No. _____ St. _____ 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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF

A. J. Leonard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-13-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75-</u>	<u>4</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(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) Handley co mo

10. NAME OF FATHER

W. D. Duncan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Monroe mo

12. MAIDEN NAME OF MOTHER

Lizzie Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT

(Address) Columbia
Mr. J. Hornebeck

15. FILED

7/17 1928 W. H. Horn

MEDICAL CERTIFICATE OF DEATH

3 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** February 16 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 14, 1928, to 2-11, 1928 that I last saw her alive on 2-14, 1928, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercle pneumonia
+ valvular insufficiency
59

108 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Diabetes.

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

57 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. H. Leonard M. D.

, 19 (Address) _____

*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 **DATE OF BURIAL**

Buried in cemetery Feb 17 1928

20. UNDERTAKER

C. W. Morgan Mokane Mo

R 17 1928
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.

