MAR 31 1928

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

Do not use this space.
7530
Yater

File No. ....
Registered No. 43

1. PLACE OF DEATH

County: Vernon — Registration District No. 875
Township: [redacted] — Primary Registration District No. 2039
City: Nevada Mo (No. ...., ..., St. ...., Ward)

2. FULL NAME John Cherry Leonard

(a) Residence: No. 616 E Cherry St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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)
M	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 28 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Taxi Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Driving Auto
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Leo M Leonard
11. BIRTHPLACE OF FATHER (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Lucy Howes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Hopkinsburg
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Otis Leonard
(Address): Nevada Mo

15. FILED 3-8 1928 E. R. Theis, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/18 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to 2/18 1928, that I last saw him alive on 2/16 1928 and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic
131 Bright's
97 dessevat
.... (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
.... (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? .... DATE OF ....
WAS THERE AN AUTOPSY? ....
WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) J W Yater, M. D.
3/20 1928 (Address) Nevada 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: Pittsburg Kansas — DATE OF BURIAL: 2/20 1928

20. UNDERTAKER: Terry Funeral Home — ADDRESS: Nevada Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS, and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.