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

Do not use this space.

May 6066

**1. PLACE OF DEATH**

County: Franklin — Registration District No. 297 — File No.

Township: Washington — Primary Registration District No. 3016 — Registered No. 24

City: Washington (No. ..... St. ..... Ward)

**2. FULL NAME** Leonard Joseph Elbert

(a) Residence. No. 729 West Main St. St., ..... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 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 | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13, 1919

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 9 | 3 | 15 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: 4th Grade School Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Washington, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER: John F. Elbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Krakow (STATE OR COUNTRY) Franklin Co., Missouri

12. MAIDEN NAME OF MOTHER: Bernadine Holtmeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Krakow (STATE OR COUNTRY) Franklin Co., Missouri

14. INFORMANT: John F. Elbert
(Address) 729 West Main St., Washington, Mo.

15. FILED Mar 1, 1929 O. L. Muench, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 8 —, 1929, to Feb. 28 —, 1929, that I last saw him alive on Feb. 27 —, 1929, and that death occurred, on the date stated above, at 3 15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza and meningitis
11A
11CA
79A (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Empyema & streptococcic septicaemia. (duration) yrs. mos. 12 ds.

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

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Feb 19 - 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. A. May, M. D

Mar. 1 —, 1929 (Address) Washington, 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 | DATE OF BURIAL |
|---|---|
| Catholic Cemetery, Washington, | Mo. 3/2 1929 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Otto & Co. | Washington, Mo. |

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.

MAR 21 1929

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