

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

Do not use this space.

11026

10976

1537

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo.

Registration District No. 298  
Primary Registration District No. 1046  
(No. General Hosp # 2)

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

**2. FULL NAME**

Winfield, Leonard  
(a) Residence. No. 1612 S. 25th St., 4 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 3 mo. Baby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>		<u>-</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Os. N. Kansas City, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Blake, Ark

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

12. MAIDEN NAME OF MOTHER Hopson, Disney

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

14. INFORMANT Winfield D. Mrs.  
(Address) 1612 - S 25th St.

15. FILED 3/28 19 29 M. M. Lerow  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-14 - 1929 to 3-23 - 1929, and that I last saw him alive on 3-23 - 1929 and that death occurred, on the date stated above, at 11:45 - 8 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia

100 / 101 2/3  
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) None  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH K.S. Mo

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? Ray Examination  
(Signed) Dr. Smith, M. D.

3/24 1929 (Address) Genl City Hosp.

\*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 Blue Ridge Lamm DATE OF BURIAL 3-28 19 29

20. UNDERTAKER H. B. Moore ADDRESS 1820 E 18

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

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