

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

Do not use this space.

Dr. Powers
- 11287
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Warrenton Primary Registration District No. 3023
City Warrenton (No. _____) St. _____ Ward _____

2. FULL NAME

John S Leonard
(a) Residence No. 416 W. Main St. St. _____ Ward 1st
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. - 7 mos. - 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Sarah F Leonard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, _____ hrs. or _____ min.
	77	7	28	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Joe Co.
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER John Wesley Leonard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wayne Co.
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Jane Lansing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne Co., Ohio
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. S. Leonard
(Address) Warrenton, Mo.

15. FILED 3/13 29 M. R. Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1929

17. I HEREBY CERTIFY, That I attended deceased from August 18, 1928, to March 10, 1929
that I last saw him alive on March 11, 1929, and that death occurred, on the date stated above, at one 7 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
stomach
162 (duration) 1.0 yrs. - 0 mos. - 0 ds.

CONTRIBUTORY (SECONDARY) Old age
(duration) _____ mos. - _____ ds.

18. WHERE WAS DISEASE CONTRACTED 44
IF NOT AT PLACE OF DEATH? _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John A. Powers, M. D.
, 1929 (Address) Warrenton

*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 Home **DATE OF BURIAL** Mar - 13 1929

20. UNDERTAKER W. J. York **ADDRESS** Warrenton, Mo.

51
25
4
1
2
2
4
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

