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

Do not use this space.

12888

1. PLACE OF DEATH

County: St Louis — Registration District No. 791

Township: — Primary Registration District No. 2003

City: — (No. 4070 a Finney St. Ward)

File No.

Registered No. 3438

2. FULL NAME Leon Harvey

(a) Residence. No. 4070 a Finney 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-29-1926

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
2	4	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Cupid Harvey.

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

12. MAIDEN NAME OF MOTHER Rosalie Kennedy

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

14. INFORMANT Rosalie Harvey
(Address) 4070 a Finney

15. MAR 19 1929 FILED, 19... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 3-13-, 1929, to 3-16-, 1929, that I last saw him alive on 3-16-, 1929, and that death occurred, on the date stated above, at 4 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
Primary
10 D
19 D (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) exposure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Place of Death
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Oscar William Johnson, M. D.
3-16-1929 (Address) 4039 Finney

*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 Washington Park — DATE OF BURIAL 3/19 1929

20. UNDERTAKER Manuel Smith Co — ADDRESS 4059 Finney