WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

17982

File No. 2123

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. Trinity Lutheran Hosp. St. Ward)

2. FULL NAME Lee C. Leonard

(a) Residence, No. 3216 E 31 St., 11 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1878

7. AGE: YEARS 53 — MONTHS 2 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City.

10. Date deceased last worked at this occupation (month and year) Apr 10, 1931

11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER

13. NAME Levi Leonard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Amanda Pickernall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

17. INFORMANT (ADDRESS) Chas. Leonard 5121 Woodland, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Raymore DATE May 10, 1931

19. UNDERTAKER (ADDRESS) E. K. George & Sons Belton Mo

20. FILED 5/9 1931 M. M. Crowl asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to May 7, 1931

I last saw him alive on May 7, 1931. Death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Meningitis	May 6 '31
Left Mastoiditis	April 18-31
89B	
77A	

Other contributory causes of importance:

89B

Name of operation Mastoidectomy Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Homer A. Beal, M. D.

(Address) 1002 Argyle Bldg