

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

Do not use this space.

1. PLACE OF DEATH

County Gentry Registration District No. 311
Township _____ Primary Registration District No. 4187
City Smith (No. Gentry) St. _____ Ward)

File No. 27991
Registered No. _____

2. FULL NAME

Martha Ann Leonard
(a) Residence. No. Gentry 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Leonard
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 2 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Fair Field
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER John R. Lantz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Danner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. Margaret Feril
(Address) St. Joseph, Mo

15. FILED 8/26 1931 REGISTRAR W. H. McCauley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1931
17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931 to Aug 25, 1931, that I last saw her alive on Aug 25, 1931, and that death occurred, on the date stated above, at 9:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Stroke
12 4 B (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) 12 4 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) Dr. W. H. McCauley, M. D.
. 19 (Address)

*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 Green Ridge Cemetery Gentry Mo DATE OF BURIAL Aug 26 1931

20. UNDERTAKER Clifford Brooks ADDRESS Albany Mo

OCT 22 1931

CAUSE OF DEATH in plain terms, so that it may be properly understood.

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