WHITE PLANET, 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.

JUN 21 1932

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 15348

Township — Primary Registration District No. — Registered No. 472

City St. Joseph, (No. 525 Faraon St. Ward)

2. FULL NAME Regine Victorine Leonard,

(a) Residence, No. 525 Faraon St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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 Pierre Adolphe Leonard,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1865

7. AGE: YEARS 66 — MONTHS 6 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 215

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dijon, France,

FATHER

13. NAME Benoit Simonaut, 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dijon, France,

MOTHER

15. MAIDEN NAME Anne Kolbe,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dijon, France,

17. INFORMANT (ADDRESS) Miss Victorine Leonard 525 Faraon Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Mora Cem DATE May 13th. 1932

19. UNDERTAKER (ADDRESS) Heaton-Belgale & Bowman 319 S. 10th. St. Funeral Home

20. FILED MAY 12 1932 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19 1932 to May 12 1932

I last saw her alive on April 28 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Chronic myocarditis with valvular disease

92 A

92 C

92 B

Other contributory causes of importance: Coronary occlusion

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [signature] M. D.

(Address) 301 - N. 8 St. St Joseph