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

Do not use this space.

B. W.

File No. 22842

Registered No. 2152

**1. PLACE OF DEATH**

County: Jackson — Registration District No.: 399

Township: Kan — Primary Registration District No.: 1002

City: K. C. Mo. (No. 3300 Oak St., St. ..... Ward)

**2. FULL NAME** Gloria Mae Leonard

(a) Residence, No. 3300 Oak St., St., 5 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F | Wh | Child |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 10 | 12 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) K. C. Mo.

FATHER

13. NAME John H. Leonard

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

MOTHER

15. MAIDEN NAME Mable Polkowitz

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

17. INFORMANT John Leonard
(ADDRESS) 3300 Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE July 15 1932

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn Ave.

20. FILED July 14 1932 M. M. Crowe
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 13 - 1932

22. I HEREBY CERTIFY That I attended deceased from July 10, 1932, to July 13, 1932

I last saw h. alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

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

| | Date of onset |
|---|---|
| Strangulation | |
| 19A B 9 10 3 | |

Other contributory causes of importance:

Child Strangulation
Carbolic Acid

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy 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? .....
If so, specify .....

(Signed) Geoffrey M. Hall, M. D.
(Address) Independence Mo.

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.

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