

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

Do not use this space.

29160

File No. _____
Registered No. 294
St. _____ Ward _____

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Independence Primary Registration District No. 3619
 8 City Independence Indep. Sanitarium
 2. FULL NAME Leonard M. Cormick
 (a) Residence, No. 918 South Hillis 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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17-1915
 7. AGE YEARS 16 MONTHS 11 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. School Boy
 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) Eldorado Springs (STATE OR COUNTRY) Missouri
 13. NAME Wallace M. Cormick
 14. BIRTHPLACE (CITY OR TOWN) Federick (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Eva M. Farland
 16. BIRTHPLACE (CITY OR TOWN) Bryan (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Eva M. Cormick
918 So. Hillis
 18. BURIAL, CREMATION OR REMOVAL Ground Travis DATE Sept. 29, 1932
 19. UNDERTAKER (ADDRESS) Carson Funeral Home
Independence Mo
 20. FILED Sept 29 1932 J. H. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1932
 22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1932, to Sept 27, 1932
 I last saw him alive on Sept 27, 1932 Death is said to have occurred on the date stated above, at 10:20 P. m.
 The principal cause of death and related causes of importance were as follows:
Myelogenous leukemia Date of onset Sept 19, 1932
flu
92A 720 W
 Other contributory causes of importance _____

Name of operation none Date of _____
 What test confirmed diagnosis? Lab. & Chest x-ray
 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) W. Allen _____, M. D.
 (Address) Independence, Mo

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.

MT 0 6 4021

