

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

Do not use this space.

31981

1. PLACE OF DEATH

39 County Lewis Registration District No. 318
 3 Township Campbell Primary Registration District No. 2001
 5 City Springfield No. 320 S Lexington St. _____ Ward _____

File No. _____
 Registered No. 705
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 320 S Lexington Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Leonard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1862
 7. AGE 70 YEARS 7 MONTHS 22 DAYS If LESS than 1 day, _____ hrs. _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1932
 22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1932 to Oct 11 1932
 I last saw deceased alive on Oct 10 1932 Death is said to have occurred on the date stated above, at 6 a m.
 The principal cause of death and related causes were as follows:
Diabetes Mellitus Date of onset _____

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

Other contributory causes of importance: _____
59
59
0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 1

MOTHER 13. NAME Squire Scott

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Chas Hunt (ADDRESS) 320 S Lexington

18. BURIAL, CREMATION, OR REMOVAL Chas Hunt DATE Oct 12 1932

19. UNDERTAKER Thos W. Fox (ADDRESS) 429 W Walnut

20. FILED 10-12-1932 Ralph W. Danaher Registrar

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical 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) A. H. Daggett, M. D.
 (Address) 214 N. Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 2 8 1932

