

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

Do not use this space.
33495

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township Wanderer Primary Registration District No. 448B
 City St. Roch (No. Rock Hospital) St. _____ Ward _____
 2. FULL NAME JAMES LEONG
 (a) Residence, No. 18 518 E ST 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 <u>M</u>	4. COLOR OR RACE <u>Yel</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2-1912</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campano Chua</u>		
FATHER	13. NAME <u>Duck Leong</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>China</u>	
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>China</u>		
17. INFORMANT (ADDRESS) <u>Hung Wah</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>Oct 18</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>John P. Collins & Son</u>		
20. FILED <u>Oct 16</u> 19 <u>32</u> <u>Rock Md</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-27-32, 1932, to 10-15, 1932.
 I last saw him alive on 10-15-32, 1932. Death is said to have occurred on the date stated above, at 12 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumo Pneumonia
73A
 Other contributory causes of importance: ①

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 _____, 1932
 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) Carroll T. Leonard, M. D.
 (Address) Rock Hospital

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.

NOV 28 1932

