

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.

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

Do not use this space.

34832

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. _____) St. _____ Ward _____

2. FULL NAME John Leary
 (a) Residence No. _____ St. _____ Ward Kansas City, Mo
 (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 (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858--

7. AGE YEARS 74 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Witchman
 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) Ohio unknown
Ohio

MOTHER FATHER
 13. NAME Not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Records, St. Joseph Hosp #2
(ADDRESS) St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Hospital DATE Nov 15 1932

19. UNDERTAKER E. P. Schunfader
(ADDRESS) 202 South 10th St

20. FILED 11-15 1932 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 10 1908 to Nov 13 1932
 I last saw him alive on Nov 12 1932 Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:
93c
Chronic Myocarditis unk
93c
General Arteriosclerosis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) W. H. Weston Smith M. D.
 (Address) St. Joseph Hosp #2
St. Joseph, Mo

1887-1888