8 23 1933

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.

85

File No. 322

Registered No. 76

1. PLACE OF DEATH

County: Buchanan

Township:

City: St.Joseph, (No. 312 So.12th.St. St. Ward)

Registration District No.

Primary Registration District No. 1001

2. FULL NAME: Leanora L.Stein

(a) Residence, No. 312 So.12th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 9, 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	90	3	5	

OCCUPATION

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

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): Frederick, Maryland

FATHER

13. NAME: Geo.W.Cromwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frederick, Md.

MOTHER

15. MAIDEN NAME: Mary E.Storm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frederick, Md.

17. INFORMANT (ADDRESS): Miss Mary E.Stein, 312 So.12th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt.Mora Cemetery DATE: Jan,18,1933, 19

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St.Joseph,Mo.

20. FILED: JAN 17 1933, 19 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan,14,1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to Jan 14, 1933

I last saw her alive on Jan 14, 1933. Death is said to have occurred on the date stated above, at 9.15 P.M.

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

	Date of onset
Influenza	Dec 28/32
104	
104	

Other contributory causes of importance: Pneumonia Lobar or Bro. — Jany 7 1933

Name of operation: Date of: No

What test confirmed diagnosis? Clinical 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? No
If so, specify:

(Signed) W. F. Evans, M. D.
(Address) Corby Bldg, St.Joseph,Mo.