

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

Do not use this space.

1534 324

1. PLACE OF DEATH

County Johnson
Township K. E. Ray
City K. E. Ray (No. General Hospital # 2)

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 1400 A Garfield 2 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. C. 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) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>45</u>				

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shop

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) Butler Mo.

13. NAME Jesse Leonard

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

15. MAIDEN NAME Albis

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Westtown DATE Jan 21 1933

19. UNDERTAKER (ADDRESS) N. W. Thatcher

20. FILED 1-21 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19-33

22. I HEREBY CERTIFY, That I attended deceased from 1-28-32 to 1-17-33. I last saw him alive on 1-17-33. Death is said to have occurred on the date stated above, at 4:30 PM.

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

Cerebral Hemorrhage
46 D
60 B
Other contributory causes of importance: 46 D
Infemia

Name of operation None Date of operation
What test confirmed diagnosis? Chem & Lab 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? If so, specify (Signed) J. P. [Signature] M. D. (Address) Gen. Hosp # 2

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.

