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

Do not use this space.

File No. 16528
Registered No. 1 2019

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 3099
City KANSAS CITY (No. 4636 FOREST St. Ward)

2. FULL NAME THOMAS E LEONARD
(a) Residence, No. 4636 FOREST St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 44 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*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. MARTHA LEONARD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-9-1866

7. AGE: YEARS 67 | MONTHS 0 | DAYS 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAINTER + DECORATOR
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) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) LEAVENWORTH (STATE OR COUNTRY) KANSAS

FATHER
13. NAME EDWARD LEONARD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

MOTHER
15. MAIDEN NAME ANNA FAKADY
16. BIRTHPLACE (CITY OR TOWN) QUEBECK (STATE OR COUNTRY) CANADA

17. INFORMANT MRS ELLA B. GARDNER
(ADDRESS) 46TH + PASEO BLVD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE MAY-11 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED May 10, 1933 M. M. Crane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 9, 1933
I last saw him alive on May 9, 1933. Death is said to have occurred on the date stated above, at 10:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5-1-1932
9 8 6	
Other contributory causes of importance	
Rheumatism	4-1-1931

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) James Middleton, M. D.
(Address) 4-20 North Montgall Ave.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

424 North Montgall ave
9-11; 4-7