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

Do not use this space.

16673
2170

1. PLACE OF DEATH
County JACKSON Registration District No. ..... File No. .....
Township KAW Primary Registration District No. ..... Registered No. .....
City KANSAS CITY (No. 5630, BROOKSIDE BLVD. St. ..... Ward)

2. FULL NAME LEON H SCHWALD
(a) Residence, No. 5630 BROOKSIDE St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. MAUDE L. SCHWALD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 3 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. VICE-PRESIDENT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ARROW OIL CORPORATION
10. Date deceased last worked at this occupation (month and year) MAY 1933
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) COLE CAMP (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME JOSEPH SCHWALD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

MOTHER
15. MAIDEN NAME MARY CONRAD
16. BIRTHPLACE (CITY OR TOWN) LUXEMBURG (STATE OR COUNTRY) CANADA

17. INFORMANT MRS. MAUDE L. SCHWALD (ADDRESS) 5630 BROOKSIDE BLVD.

18. BURIAL, CREMATION, OR REMOVAL PLACE WARRENSBURG, MO. DATE MAY 21, 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY MISSOURI

20. FILED 5-20, 1933 W. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to May 15, 1933
I last saw him alive on May 15, 1933. Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1932
Other contributory causes of importance: Interstitial Hepatitis	unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Baby 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) George Horne, M. D.
(Address) 1000 Rialto Bldg

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.

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1000 Rialto Bldg.
2-4:30