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

Do not use this space.

1. PLACE OF DEATH
County: Polk
Township: Marion
City: Bolivar Mo (No. ..... St. ..... Ward)
Registration District No.: 701
Primary Registration District No.: 4622
File No.: 21504
Registered No.: 36

2. FULL NAME: Benjamin Franklin Leonard
(a) Residence, No.: Bolivar Mo St., ... Ward.
(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)~~
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gertrude Leonard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22 1858
7. AGE: 76 YEARS | MONTHS | DAYS: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate agent
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): West Liberty Ohio Champaign Co.

FATHER
13. NAME: William H Leonard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Liberty Ohio Champaign Co

MOTHER
15. MAIDEN NAME: Mary J Moody
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark Co Ohio

17. INFORMANT (ADDRESS): Gertrude Leonard Bolivar Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: 6/11/1934
19. UNDERTAKER (ADDRESS): White and Elwin Bolivar Mo.
20. FILED: June 14, 1934 J. F. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to June 7, 1934
I last saw him alive on June 7, 1934. Death is said to have occurred on the date stated above, at 12:35 PM
The principal cause of death and related causes of importance were as follows:
Cardio Vascular Renal Disease — 131
Date of onset
Other contributory causes of importance:
Name of operation: no Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) G D Smith, M. D.
(Address) Bolivar Mo

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.

JUL 13 1934