

W. ONLY, 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.

SEP 17 1934

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

Do not use this space.

29754

1. PLACE OF DEATH

County Jasper
Township Joplin, Mo.
City Joplin, Mo. (No. 211 N. Wall)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Miller Leonard
(a) Residence, No. 211 N. Wall St., _____ Ward. _____

(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 <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helene Miller Leonard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-22-1852</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Capitalist</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>60</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Beardsleytown

13. NAME
Ernie B. Leonard

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

15. MAIDEN NAME
Rebecca Miller

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

17. INFORMANT (ADDRESS)
Arnold Leonard
211 No. Wall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beaumont DATE Aug. 16, 34

19. UNDERTAKER (ADDRESS)
The Touch - Dieyers
Joplin Mo.

20. FILED 8-13-34 Ed D. Jones
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1934, to Aug. 17, 1934
last saw him alive on Aug. 17, 1934 Death is said to have occurred on the date stated above, at 11 P.M.

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

Chronic nephritis with cardiac decompensation.
Date of onset 3
Other contributory causes of importance: 131
132 B
131
131
131

Name of operation none Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? yes 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 no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
(If not specify)

(Signed) Leif L. Nyf M. D.
Joplin Mo.
(Address) _____

