

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.

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

Do not use this space.

FEB 25 1935

5130

1. PLACE OF DEATH

County Henry  
Township Osage  
City Brownsville

Registration District No. 348  
Primary Registration District No. 5486

File No. \_\_\_\_\_  
Registered No. 254  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Scot Leonard  
(Usual place of abode) Brownsville, Mo. Ward. \_\_\_\_\_

Length of residence in city or town where death occurred 2 yrs. mos. 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 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) Mary E Leonard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-185

7. AGE YEARS 82 MONTHS 7 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Wright Co Mo

13. NAME Robert Leonard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mary E Leonard

18. BURIAL, CREMATION, OR REMOVAL PLACE, Rockins Cemetery DATE 2-5-35

19. UNDERTAKER (ADDRESS) Fred Williamson

20. FILED 2-5 1935 C.D. Taylor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-35

22. HEREBY CERTIFY that I attended deceased from Jan 30, 1935 to Feb 3, 1935

I last saw him alive on Feb 3, 1935 Death is said

to have occurred on the date stated above, at 12:45 PM

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

Chronic Interstitial Nephritis, with Secondary Arterial Sclerosis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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) C.D. Taylor, M. D.

(Address) Brownsville, Mo.

