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 25 1935

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

Do not use this space.

26646

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Blue — Primary Registration District No. 1002 — Registered No.
City Leeds Station (No. Leeds Hospital St. Ward)
Kan-City-Mo

2. FULL NAME Lopez - Leonard
(a) Residence, No. 15 1/2 W-5th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M-
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4-1903

7. AGE: YEARS 32 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labour
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): Mexico

FATHER
13. NAME: Lopez - Rodrigo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico

MOTHER
15. MAIDEN NAME: Martinez - Trinidad
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico

17. INFORMANT (ADDRESS): K. C. T. B. Hosp. Leeds Station

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE 8-30-35, 19

19. UNDERTAKER (ADDRESS): Peter R. Lapetina

20. FILED 8/29, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to Aug. 23, 1935
I last saw h. m. alive on Aug 23, 1935. Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Tuberculous enteritis	

Other contributory causes of importance: none

Name of operation: none — Date of
What test confirmed diagnosis? X ray Sputum — 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? No
If so, specify
(Signed) J. S. Hoffman, M. D.
(Address) K. C. T. B. Hospital Leeds, Mo.