

FEB 18 1936

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

Do not use this space.

748

1. PLACE OF DEATH

County *Jamesport*
Township *Jamesport*
City *Jamesport Mo.*

Registration District No. *252*
Primary Registration District No. *351*

File No.
Registered No. *3*
St. Ward)

2. FULL NAME

(a) Residence, No. 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widowed* *Sam Leonard*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 16, 1852*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) *W. Virginia*

MOTHER FATHER
13. NAME *Will P Hill*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Virginia*

15. MAIDEN NAME *Elizabeth Pooge*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Virginia*

17. INFORMANT (ADDRESS) *Ray W. Davidson Jamesport Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jamesport Mo.* DATE *Jan 31, 1936*

19. UNDERTAKER (ADDRESS) *G. H. Robinson Jamesport Mo.*

20. FILED *1-31, 1936* *Nella Willes* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29, 1936*

22. I HEREBY CERTIFY That I attended deceased from *Jan 24, 1936*, to *Jan 29, 1936* that saw her alive on *Jan 29, 1936*. Death is said to have occurred on the date stated above, at *4:30 p.m.*

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

Uremia

Date of onset *Jan 26, 1936*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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.

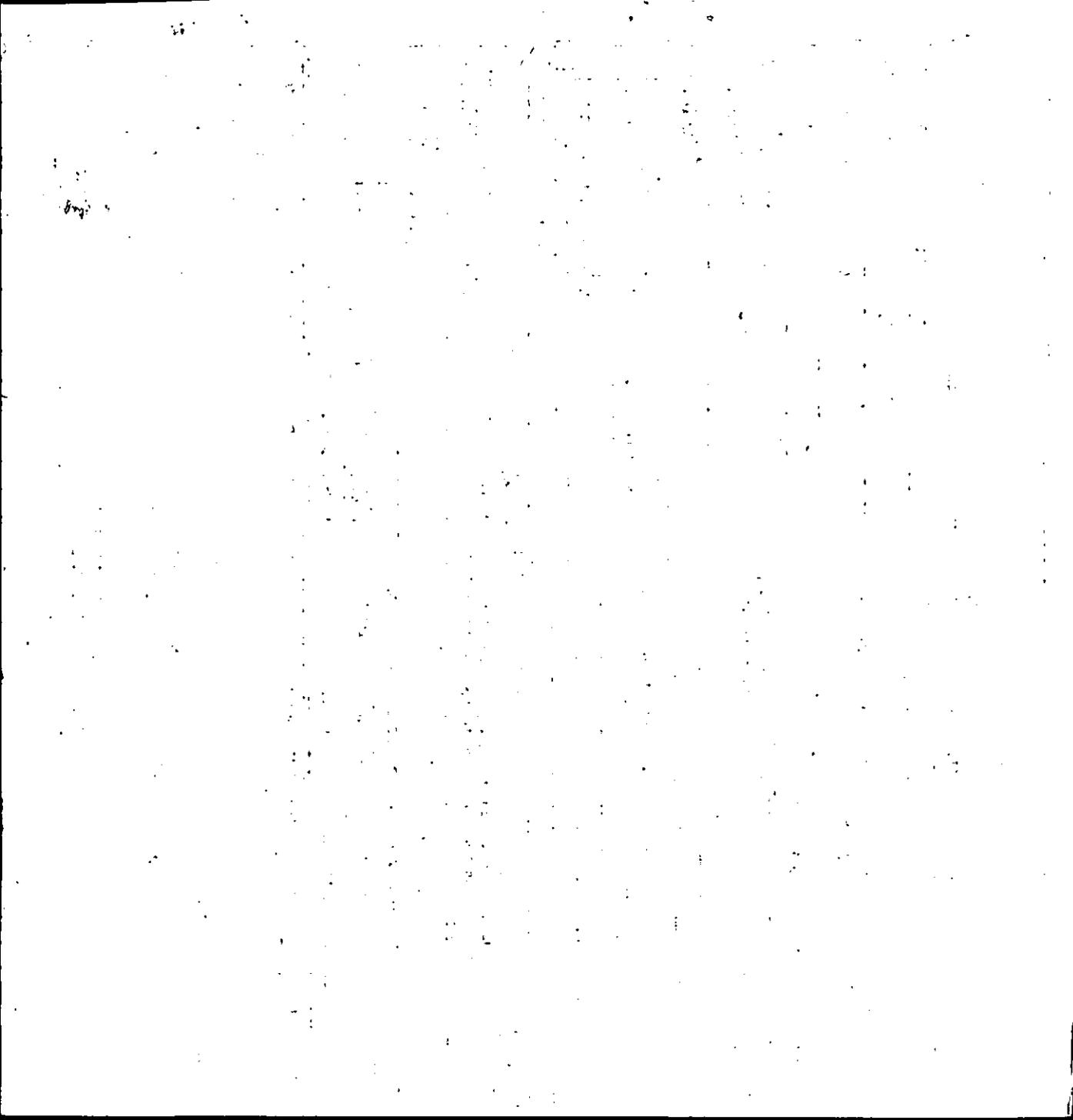
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *F. B. Bailey M.D.*
(Address) *Jamesport Mo.*



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

Do not use this space.

1. PLACE OF DEATH

County Wairass Registration District No. 252 File No. _____
 Township Jamesport Primary Registration District No. 4354 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary a Leonard

(a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>83</u>	<u>11</u>	<u>15</u>	

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED J-10 - 1936 Wells Wiles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

uremia Date of onset _____

Other contributory causes of importance:

Chronic nephritis

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) F. B. Bailey, D.O., M. D.

(Address) Jamesport mo

SUPPLEMENTARY

S-748