

MAR 16 1936

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

Do not use this space.

4574

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No.) St. Ward)

2. FULL NAME

William Harrison Leonard(a) Residence, No. 212 Sexton Rd. 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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Anna Mae Duden Leonard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 20 1881</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>
	DAYS <u>7</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>Book keeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Leonard Oil Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Feb 13 1936</u>
	11. Total time (years) spent in this occupation <u>26 1/2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton mo.13. NAME C. C. Leonard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mattie E. Lohbaugh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) L. C. Leonard
Clinton mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood Sem DATE March 7 193619. UNDERTAKER (ADDRESS) R. O. Willcutt
Columbia, Mo.20. FILED 2/29 1936 Allie Saldy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 193622. I HEREBY CERTIFY, That I attended deceased from Feb 13 1936 to Feb 27 1936I last saw him alive on Feb 26 1936 Death is said to have occurred on the date stated above, at 125 A. M.

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

Cerebral hemorrhage Date of onset Feb 13 1936
due to a fall on head

Other contributory causes of importance Arterio sclerosisName of operation 1/16 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

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

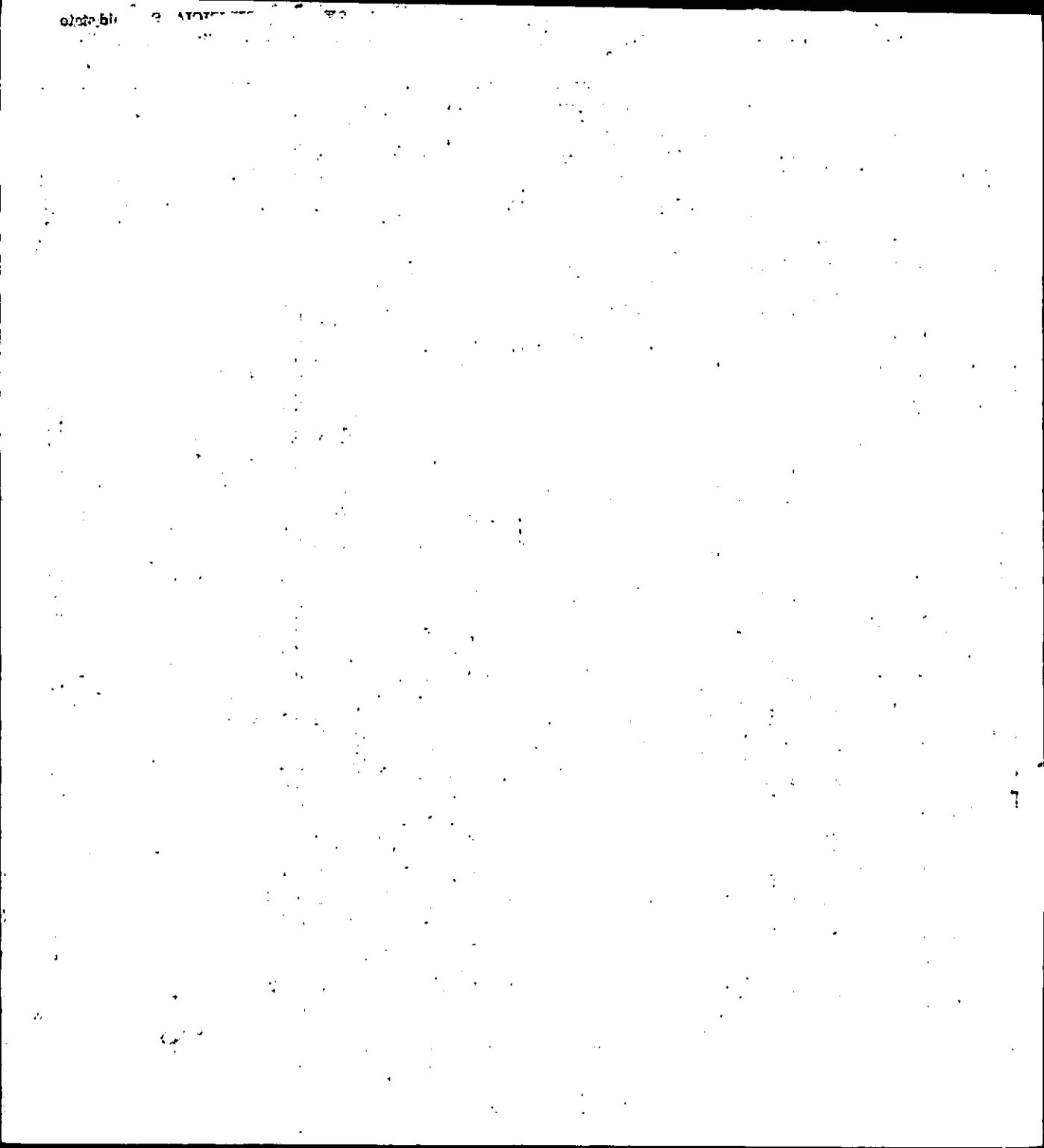
Manner of injury

Nature of injury

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

If so, specify Robert J. Simpson, M. D.(Signed) Robert J. Simpson, M. D.(Address) Columbia, 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.



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1. PLACE OF DEATH

County Boone Registration District No. 73 File No. _____
 Township _____ Primary Registration District No. 3006 Registered No. _____
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME William Harrison 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writing the word) wid

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

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

7. AGE YEARS 34 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or mins.

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) _____

FATHER 13. NAME _____

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

MOTHER 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 4/4/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 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:

Cerebral hemorrhage due to a fall on head Date of onset _____

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 cause (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 2/14/1936

Where did injury occur? Columbia (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall on floor cutting head

Nature of injury _____

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

If so, specify _____

(Signed) Robert H. Simpson M. D.

(Address) Columbia Mo

SUPPLEMENTARY

Note: 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.

hEsh-s