APR 10 1936

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STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

. PLACE OF DEATH:
County DeKalbton State MISSOURI Registered No. 5
Township Washington or Village 258 or
City No. 5360 A St., Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ days. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ days.

. FULL NAME George Wright Leonard
Residence: No. ____ St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Leonard

. DATE OF BIRTH (month, day, and year) March 13 1865

AGE	Years	Months	Days	If LESS than 1 day,
	71	0	10	____ hrs. or ____ mins.

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, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town and State or country): Tenn.

13. NAME: John H. Leonard

14. BIRTHPLACE (city or town and State or country): Tenn.

15. MAIDEN NAME: Ellemder Johnson

16. BIRTHPLACE (city or town and State or country): Tenn.

7. INFORMANT (name and address): Joe Leonard, Maysville Mo.

3. BURIAL, CREMATION, OR REMOVAL: Oak Lawn, Maysville Mo Date 3/25-36, 193

9. UNDERTAKER (name and address): U.G. Pilcher, Maysville Mo.

. FILED 3/24, 1936 Mrs C A Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/26/36, 193 , to March 22nd-36, 193
I last saw him alive on March 22nd-36, 193 ; death is said to have occurred on the date stated above, at 4 A.M. m. Mar. 23rd. 36

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

	Date of onset
Coronary Sclerosis	1934

94 C

Other contributory causes of importance: Influenza

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
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 O. L. Perkins. M.D.
(Signed) ____
(Address) Clarksdale, Mo.

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U. S. GOVERNMENT PRINTING OFFICE: 1933 c11—3184

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*..

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other **contributory causes** of importance:		Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

c11—8184