

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

Do not use this space.

36794

NOV 20 1936

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. Measure of Catholic Hosp. Ward) _____
 2. FULL NAME Florence Townsley Leland
 (a) Residence, No. _____ St. _____ Ward. Tracy, Kansas.
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>Edwin Leland</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1869</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>5</u>	DAYS <u>11</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>Smoker</u>			
	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) <u>Oct. 1, 1936</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia, Missouri</u>				
MOTHER	13. NAME <u>Chanel Pickering Townsley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	15. MAIDEN NAME <u>Laura A. Moser</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
	17. INFORMANT <u>Gracie Leland</u> (ADDRESS) <u>Tracy, Kansas</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLAC. <u>Tracy, Kansas</u> DATE <u>10-21-36</u>			
19. UNDERTAKER <u>Karr Funeral Home</u> (ADDRESS) <u>Tracy, Kansas</u>				
20. FILED <u>Oct 19</u> 19 <u>36</u> <u>St. Joseph</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 10, Oct 1936, to Oct 19 1936
 I last saw h. alive on Oct 19 1936. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Embolus Date of onset _____
 Other contributory causes of importance:
Fractured 1st rib
fractured

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Oct 6, 1936
 Where did injury occur? Tracy, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell down steps
 Nature of injury fracture of 1st rib

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. Challice M. D.
 (Address) 30, no. of people

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11. 12. 1955