

FEB 17 1937

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

Do not use this space.

1207

1. PLACE OF DEATH
40 County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3554
City Le Sueur (No. 392 Le Sueur Rd) St. _____ Ward _____

2. FULL NAME Hubert Leonard
(a) Residence, No. 392 Le Sueur Rd Ward. 1
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 90 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 1 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 262
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal miner
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) Missouri

13. NAME not known

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

15. MAIDEN NAME H

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

17. INFORMANT Thomas Leonard
(ADDRESS) 392 Le Sueur Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 1-24-37

19. UNDERTAKER Geo. C. Carson
(ADDRESS) 121 So. Pleasant

20. FILED 1-26-37 J. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1937 to Jan 27 1937
I last saw him alive on Jan 21 1937. Death is said to have occurred on the date stated above, at 5:24 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 1-20-37

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? None 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 _____, 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) Charles E. Gorman, M. D.
(Address) Independence, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Dr. E. J. ...
2nd National Bk.