APR 16 1937

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

Do not use this space.

11520

1. PLACE OF DEATH
County Cass
Township E Dolan
City ..... (No. ..... St. ..... Ward)
Registration District No. 153
Primary Registration District No. 5217
File No. .....
Registered No. 2

2. FULL NAME Leonard Wayne Peel
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1937
7. AGE YEARS MONTHS DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Freeman Mo

FATHER
13. NAME Raymond Peel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Co. Ks

MOTHER
15. MAIDEN NAME Stella Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeman Mo

17. INFORMANT (ADDRESS) Bean Peel Freeman Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Freeman Mo DATE March 31st 1937
19. UNDERTAKER (ADDRESS) Relatives Freeman Mo
20. FILED Mar 30th 1937 Esther Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20 1937 to March 29 1937
I last saw him alive on March 29 1937 Death is said to have occurred on the date stated above, at 4 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature, 7 mo	
Ceady.	

Other contributory causes of importance: 159

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) Edgar M Guffick M. D.
(Address) Harrisonville

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.

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