JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County Worth — Registration District No. 903 — File No. 21639
Township Fletchall — Primary Registration District No. 6212 — Registered No.
City Grant City (No. ... St. ... Ward)

2. FULL NAME Shirley Janice 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. 10 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1937
7. AGE YEARS ... MONTHS ... DAYS 10 — If LESS than 1 day, ... hrs. or ... min.

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) Grant City (STATE OR COUNTRY) Mo.

FATHER
13. NAME Kenneth Leonard
14. BIRTHPLACE (CITY OR TOWN) McFall (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Edna Fletchall
16. BIRTHPLACE (CITY OR TOWN) Grant City (STATE OR COUNTRY) Mo.

17. INFORMANT Kenneth Leonard (ADDRESS) Grant City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fletchall DATE 4/23 1937
19. UNDERTAKER Arch C. Dunfee (ADDRESS) Grant City, Mo.
20. FILED 6-9 1937 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4-2 1937, to 4-3 1937
I last saw her alive on 4-3 1937. Death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows: Stenosis of duodenal end of stomach — Date of onset: Since Birth

Other contributory causes of importance: ✓

Name of operation ... Date of ...
What test confirmed diagnosis? Physical findings. 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) [illegible] Rose, M.D.
(Address) Grant City, Mo.

N. B.—Every item of information should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.