NOV 18 1937

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

Do not use this space.

37785

1. PLACE OF DEATH

County Howard, Registration District No. 378 2 1 File No.

Township Fayette, Primary Registration District No. 4222 Registered No. 64

City (No. , St. Ward)

2. FULL NAME Nathanael W. Leonard,

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Leonard,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/26th 1851

7. AGE YEARS 86 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION

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, 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) Missouri.

FATHER

13. NAME Abiel Leonard,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut,

MOTHER

15. MAIDEN NAME Jennett Reeves,

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

17. INFORMANT (ADDRESS) Mrs Janett Spencer. Fayette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary, DATE Io/12th 1937

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayetee, Mo.

20. FILED Nov. 5, 1937 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Io/Ioth 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to Oct 10, 1937

I last saw him alive on Oct 10, 1937 Death is said to have occurred on the date stated above, at 6 A. m.

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

	Date of onset
Hypostatic pneumonia	10-3-37
93C	
Other contributory causes of importance:	
Chronic myocarditis	June 37

Name of operation None Date of

What test confirmed diagnosis? Phy finding 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) Wm. J. Shaw, M. D.

(Address) Fayette, Mo.

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.