

REG APR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal Mo.

Registration District No. 547
Primary Registration District No. 3079
515 Church

File No. 11438
Registered No. 79
St. _____ Ward _____

2. FULL NAME

John C. Leonard 515 Church St. 563 Ward _____
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Pattie Leonard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 15, 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 10 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN
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) Hannibal Mo.

13. NAME John Leonard

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

15. MAIDEN NAME Annilda Thompson

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

17. INFORMANT Mrs. Pattie Leonard (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive, Hannibal Mo. DATE March 13, 1938

19. UNDERTAKER Smith's (ADDRESS) 902 Broadway

20. FILED 3/11, 1938 W C Ripker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1938

22. I HEREBY CERTIFY That I attended deceased from Mar 1, 1938 to Mar 9, 1938
I last saw him alive on Mar 6, 1938 Death is said to have occurred on the date stated above, at 10:00 P. m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Had dead coronary arteries at his death

Other contributory causes of importance:
Had attack of acute myocardial infarction preceding death about 5 days

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

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? Yes
If so, specify _____
(Signed) W C Ripker M. D.
(Address) Hannibal 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.

Wm. Ripker

WHITE-CAMERON, WITH IMPROVED METERS IS A PERMANENT RECORD

