

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH13443  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3232 Summit St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Jeanette M. Leonard 563

- (a) Residence, No. 3232 Summit St. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Dr. Ward Leonard</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 8, 1880</b>		
7. AGE	YEARS	MONTHS
	<b>57</b>	<b>10</b>
		DAYS
		<b>24</b>
		If LESS than 1 day, ..... hrs. or ..... mln.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>At Home</b>	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kansas City, Missouri</b>	
MOTHER	13. NAME <b>John W. Jones</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Wales</b>	
15. MAIDEN NAME <b>Mary Jones</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Wales</b>		
17. INFORMANT (ADDRESS) <b>Dr. Ward Leonard 3232 Summit St.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Forest Hill</b> DATE <b>Apr. 4, 1938</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>Freeman Mortuary &amp; Chapel Kansas City, Mo.</b>		
20. FILED <b>Apr 3 1938</b> <b>M. M. Brown</b> Local Registrar. <b>360</b>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from March 26 1938 to April 1st 1938  
 I last saw her alive on Apr 1st 1938 Death is said to have occurred on the date stated above, at 2:30 a.m. Apr 2, 1938  
 The principal cause of death and related causes of importance were as follows:  
**Cerebral hemorrhage**  
 Date of onset 3/26/38  
**131**  
 Other contributory causes of importance  
**Chronic nephritis**  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
 So, specify \_\_\_\_\_  
 (Signed) M. M. Brown, M. D.  
 (Address) 836 Prof. Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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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