

SEP 1 1940

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

28317
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township 0 Primary Registration District No. 3014 Registered No. 230
 (c) City of Jefferson City, Mo. (d) Street No. St. Mary's Hospital 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 811 W. High St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

JOHN JOSEPH LEARY - Soc. Sec. No - 490-09-5511

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 Florence Leary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 5

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. Bartender
 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) Sedalia, Mo.

FATHER 13. NAME John Leary

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

MOTHER 15. MAIDEN NAME Bridget Culnin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Ill.

17. INFORMANT Patrick Leary
 (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL- PLACE Resurrection DATE 9/31/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John J. Hennrich
Jefferson City, Mo.

20. FILED 9/4/40 1940 D. B. Beaford M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/40, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 30th 1940 to Aug 31st 1940
 I last saw him alive on Aug 31st 1940. Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion & myocardial infarct

Other contributory causes of importance: 94th

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) Thomas J. Kelly M. D.
 (Address) Jefferson City, 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.

THIS IS A PERMANENT RECORD

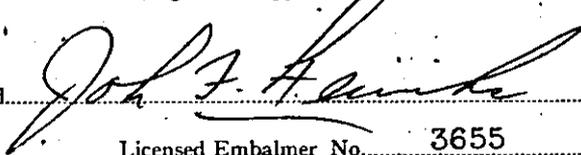
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3655

P. O. Address Jefferson City, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.