

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

Do not use this space.

1. PLACE OF DEATH

County Henry Co Registration District No. 14
Township Weldon Primary Registration District No. 4511
City Weldon (No. 5496)

File No. 4432
Registered No. 4 St. _____ Ward _____

2. FULL NAME

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

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 Betty Elizabeth Leonard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1864
7. AGE YEARS 77 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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. Farmer
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) Springfield Ill. ?

13. NAME James C Leonard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 131

15. MAIDEN NAME Elizabeth A unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass. ?

17. INFORMANT J G Leonard
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Weldon DATE Feb 19 1932

19. UNDERTAKER L A Reed Weldon
(ADDRESS) _____

20. FILED Feb 19 1932 J. J. [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1932
22. I HEREBY CERTIFY that I attended deceased from Feb 12 1932 to Feb 17 1932
I last saw him alive on Feb 17 1932 Death is said to have occurred on the date stated above, at 5 P M.

The principal cause of death and related causes of importance were as follows:
Bright's Disease Date of onset 1926
Other contributory causes of importance: 137

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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) J. J. [Signature] M. D.
(Address) _____

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.

MAR 22 1932

