

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.

JUN 26 1930

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

Do not use this space.

16804

1. PLACE OF DEATH

County Moniteau
Township Pilot Grove
City Latham Mo (No. _____)

Registration District No. 5-77
Primary Registration District No. 5-775

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME

James Norman 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 20th 1908</u>		
7. AGE <u>21</u>	YEARS <u>10</u>	MONTHS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>lives home on the farm</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farm work</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Moniteau
10. NAME OF FATHER Joseph Lee Leonard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sh. Clair Co., Mo
12. MAIDEN NAME OF MOTHER Maudie G. Medlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co., Mo

14.

INFORMANT J. L. Leonard
(Address) Latham Mo.

15.

FILED 6-9, 1930 J. M. Robertson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at about 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental: while crawling
there a wire fence tripped
gun, he was carrying, caught
and in gun exploded, entering
head, destroying about
1/2 of parietal bone causing
instant death.
18. WHERE WAS DISEASE CONTRACTED 184
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. M. Robertson, M. D.
5-30-1930 (Address) Latham Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Latham Cemetery DATE OF BURIAL May 29th 1930
20. UNDERTAKER Theodore C. Casper ADDRESS Latham Mo

