

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.

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

Do not use this space.

FEB 16 1937

2

795

1. PLACE OF DEATH

County Dekalb Registration District No. 263
Township Dallas Primary Registration District No. 5365
City Santa Rosa (No. St. Ward)

File No. 22
Registered No. 1

2. FULL NAME Thomas C. Leonard

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Roberts Leonard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 X 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 29
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Roan, Co. Tenn
(STATE OR COUNTRY)

10. NAME OF FATHER John H. Leonard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT Mrs Eliza Roberts Leonard
(Address) Santa Rosa, Mo.

15. FILED Feb 11 1937 James Fitzgerald
17-31-37 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) I/29/37 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937 to Jan 29, 1937 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 10/45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. Frank Hedges, M. D.

. 19 (Address) Pattonsburg, 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 Hopewell, Dekalb, Co, Mo. DATE OF BURIAL 19

20. UNDERTAKER E. S. Gorman ADDRESS Pattonsburg, Mo.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
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CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3700
WWW: WWW.CHEM.UCHICAGO.EDU

MEMORANDUM
TO: [Name]
FROM: [Name]
SUBJECT: [Subject]

[Main body of text, mostly illegible due to low contrast and scan quality]

DATE: [Date]

CC: [List of names]