

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.

MAY 24 1933

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

Do not use this space.

14310

1. PLACE OF DEATH

County St. Francois Registration District No. 775  
Township Perry Primary Registration District No. 6020  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 27

2. FULL NAME

Ludona 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 Female 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 Charles Leonard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>41</u>	<u>1</u>	<u>14</u>	

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. Housewife

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) Perry Mo

13. NAME Ruffus Blaylock

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

15. MAIDEN NAME Sarah Garner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Chas. Leonard

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview cemetery DATE 4-5-33

19. UNDERTAKER (ADDRESS) Caldwell Bros Flat 1000

20. FILED 4/5 1933 T. A. Olson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to April 3, 1933  
I last saw him alive on April 3, 1933 Death is said to have occurred on the date stated above, at 4:00 P. m.  
The principal cause of death and related causes of importance were as follows:  
Purpura Septicemia Date of onset 3/27/33  
140 / 45 W  
Other contributory causes of importance:  
abdomen spontaneous on March 31, 1933, at about 3 mm. induration 7/31/33  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical findings 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) David Edmunt, M. D.  
(Address) Prussia Tenn. Mo.

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, NEW YORK (100-100000)  
SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

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