

# Leon Leander Roberts

Commander 1919

Leon was born in Kansas to John and Cornelia (Strong) Roberts on Mar 2, 1875. He was a railroad clerk by profession and was married to Caroline. They lived the latter part of his life at 3721 Broadway, Kansas City, MO.

He died on Oct 11, 1932 and is buried at Great Bend, Kansas.



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.

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

Do not use this space.

**32303**

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 59  
 Township Kaw Primary Registration District No. 0002  
 City Kansas City (No. 3721 Broadway) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Leon Leander Roberts  
 (a) Residence, No. 3721 Broadway St. 5 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.

File No. \_\_\_\_\_  
 Registered No. 8852  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>Oct. 11, 1932</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Caroline Roberts</b>					22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 1, 1928</u> to <u>Oct 11, 1932</u> I last saw him alive on <u>Oct 9, 1932</u> . Death is said to have occurred on the date stated above, at <u>P. m. 3:15</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary occlusion</u> <u>Internal hypertension</u> Date of onset _____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 2, 1875</b>					Date of onset _____	
7. AGE					Date of onset _____	
YEARS <b>57</b>	MONTHS <b>7</b>	DAYS <b>9</b>	If LESS than 1 day, hrs. or min.		Date of onset _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Railway Postal</b>				Date of onset _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>clerk 189</b>				Date of onset _____	
	10. Date deceased last worked at this occupation (month and year) _____				Date of onset _____	
11. Total time (years) spent in this occupation _____				Date of onset _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kansas 2</b>					Date of onset _____	
FATHER	13. NAME <b>John Roberts</b>				Date of onset _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>				Date of onset _____	
MOTHER	15. MAIDEN NAME <b>Cornelia Strong</b>				Date of onset _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>New York</b>				Date of onset _____	
17. INFORMANT (ADDRESS) <u>Mrs. Caroline Roberts 3721 Broadway</u>					Date of onset _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Great Bend, Kansas</u> DATE <u>10-13-32</u>					Date of onset _____	
19. UNDERTAKER (ADDRESS) <u>Stacy &amp; McClure 3755 William Plaza</u>					Date of onset _____	
20. FILED <u>10/12 1932 M. M. Corrick Registrar</u>					Date of onset _____	
					Name of operation _____ Date of _____	
					What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
					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) <u>Raeshelma</u> _____, M. D.	
					(Address) <u>914 Medical Bldg</u>	