MAY 25 1927

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

Do not use this space.

11017

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 401

City St. Joseph. (No. 3306 Penn St. St. Ward)

2. FULL NAME Caroline Leava.

(a) Residence. No. 3306 Penn Street. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 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: Barney Leava.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24, 1876.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	7	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House-wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Lebori
(STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER B.H. Dieker.

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

12. MAIDEN NAME OF MOTHER Katherine Honeymon.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Lebori
(STATE OR COUNTRY) Illinois.

14. INFORMANT Barney Leava.
(Address) 3306 Penn Street.

15. FILED APR 16 1927 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13, 1927

17. I HEREBY CERTIFY, That I attended deceased from Viewed on April 13, 1927, to 19, that I last saw her alive on 19, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myo Cordites
[illegible]
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? View & history

(Signed) J. [illegible] Mays Coroner, M. D

4/18, 1927 (Address) St Joseph 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: Mount Olivet Cemetery.

DATE OF BURIAL: April 19, 1927

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union St

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD