

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

Do not use this space.

15001

File No. 1300  
 Registered No. 1300  
 Ward

1. PLACE OF DEATH  
 County Jackson  
 Township Kaw  
 City Leavenworth City, Mo. (No. 53rd & Highland Ave)

Registration District No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_

2. FULL NAME Mary Ochs  
 (a) Residence No. 53rd & Highland Ave St. Ward \_\_\_\_\_  
 (Usual place of abode) Home of the Aged  
 Length of residence in city or town where death occurred 72 mos. \_\_\_\_\_ ds. \_\_\_\_\_

How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Charly Ochs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 — — — —

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Leich  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mary Leich  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT S. Marie Auguste, sup. Leavenworth  
 (Address) 53rd & Highland Ave. at the corner

15. FILED 5-7-27 M. M. Crowl  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7-1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19.27, to \_\_\_\_\_, 19.27  
Jan, 19.27, to 5-7, 19.27  
 that I last saw her alive on 5-6, 19.27, and that death occurred, on the date stated above, at \_\_\_\_\_ a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho pneumonia  
(primary)  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 1000  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

1. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Phys. exam  
 (Signed) A. Arch-Bowit, M. D.  
57, 19 27 (Address) 1034 Maple Street

\*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 Leavenworth, Kans DATE OF BURIAL 5/7 1927

20. UNDERTAKER Leich & Tobin ADDRESS 202 West Leavenworth

