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

Do not use this space.

24265

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: K. C. Mo (No. 76 & Cleveland St. Ward)
File No.
Registered No. 3051

2. FULL NAME: Fay Leader
(a) Residence. No. 76 & Cleveland St., 16 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 17-1927
7. AGE: Years — Months: 2 — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo

PARENTS
10. NAME OF FATHER: John W. Leader
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Okla
12. MAIDEN NAME OF MOTHER: Selenah Griffin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Okla

14. INFORMANT (Address): John W. Leader 76 & Cleveland
15. FILED 8/4 1927 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 3 1927
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchopneumonia
107A
(Alone) (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1000 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Chas Nelson, M. D
8-3, 1927 (Address) Deputy Coroner

*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: Highland Park Cem — DATE OF BURIAL: Aug 4 1927
20. UNDERTAKER: Rose & Co — ADDRESS: 15th Jackson

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.