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

Do not use this space.

37153

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.: [illegible]

Township: Kaw — Primary Registration District No.: — Registered No.: [illegible]

City: Kansas City (No. 53rd & Highland St. Ward)

2. FULL NAME Mrs. Leatitia Leahy

(a) Residence. No. 53rd & Highland St., 15 Ward.

(Usual place of abode) Home of the Aged (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Leahy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	76			

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) (STATE OR COUNTRY): Kentucky

PARENTS

10. NAME OF FATHER: George Riggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

12. MAIDEN NAME OF MOTHER: Hannah Payne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Sr. Marie Auguste cup Little Sisters of the Poor

(Address) 53rd & Highland

15. FILED 12-31, 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Dec 30, 1927, that I last saw h... alive on Dec 28, 1927, and that death occurred, on the date stated above, at 3 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

103

101 A

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

(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? N

WHAT TEST CONFIRMED DIAGNOSIS? P.E.

(Signed) A. Sack-Rcrist, M. D

12/31, 1927 (Address) 1034 Argyle Blvd

*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: St Mary's Cemetery — DATE OF BURIAL: 12/31/27

20. UNDERTAKER: Quirk & Tobin Co--20 West Linwood — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.