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

Do not use this space.

13205

File No. 54

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kansas — Primary Registration District No. 1002
City Kansas City Mo. No. Grange Hospital St. Ward)

2. FULL NAME Mrs. Emma Leabo
(a) Residence. No. Grace Hospital St. Ward. Lathrop, Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mr. William Leabo

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 7-1856

7. AGE: Years 71 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Clay Co. Missouri

PARENTS
10. NAME OF FATHER: Thomas McRoey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): N. Carolina
12. MAIDEN NAME OF MOTHER: Sallie Mathes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia

14. INFORMANT: Mrs. J. F. Klamer
(Address): Pittsburg Kas.

15. FILED 4/4, 1928 McM. Crowe
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April-4-1928

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1928 to April 4, 1928 that I last saw h. alive on April 4, 1928 and that death occurred, on the date stated above, at 3.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Contributory cause
Carcinoma of Liver
& Bad bronchitis
Duration 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Lathrop Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation
(Signed) H. Orland Brandt M. D
4/4, 1928 (Address) 914 East 9th St.

*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: Lathrop Mo. | DATE OF BURIAL: 4-6 1928

20. UNDERTAKER: D. W. Nuzomen's Sons | ADDRESS: K.C. Mo.

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.

THIS IS A PERMANENT RECORD

5 2 3 [illegible]
Be.[illegible]

[illegible]