WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

40797

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 5173

City Kansas City (No. 1178 East 65th St., St. Ward)

2. FULL NAME Mrs. Annie Evans Leach

(a) Residence. No. 3302 Chestnut St., 14 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: 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 John B. Leach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-22-1858

7. AGE: 69 Years — Months: 11 — Days: 24 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Richard P. Evans
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary Garten
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Milton M. Leach
(Address) 1178 East 65 Street

15. FILED 12/16, 1928 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/16 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb, 1927, to Dec 16, 1928 that I last saw her alive on Dec 16, 1928, and that death occurred, on the date stated above, at 11:27 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease with Auricular Fibrillation
92H
123B
13A
(duration) Many yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastro-Intestinal hemorrhages (duration) yrs. mos. 5 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? Course and examination

(Signed) Ralph R. Wilson, M. D.
12/16, 1928 (Address) 1002 Argyle Bldg

*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: Barry Clay Co. Mo. — DATE OF BURIAL: 12/17 1928

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Plaza

West, 1440

5510 [illegible]

1102 Cagyle Vic 2444