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

Do not use this space.

6429

1. PLACE OF DEATH

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

Township: Kaw — Primary Registration District No. 1002 — Registered No. F 588

City: Kansas City (No. St Mary's Hospital St. Ward)

2. FULL NAME Charles A McLeavy

(a) Residence. No. Osawatomie, Kansas St., 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: Male
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: Mrs. Edna McLeavy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 1878

7. AGE: Years 51 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

PARENTS

10. NAME OF FATHER: John McLeavy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Rose Lindsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs James O'Brien
(Address) 3009 Baltimore

15. FILED 2-5, 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb. 4, 1929 that I last saw him alive on Feb 4, 1929, and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Decompensation
92A
93D
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Valvular Heart disease
Aortic Regurgitation (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Osawatomie Kan
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) J E Castles, M.D
Feb. 5, 1929 (Address) 1001 Chambers Bldg Kan Mo

*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: Osawatomie, Kansas — DATE OF BURIAL: 2/5/29 19

20. UNDERTAKER: Quirk & Tobin --20 W Linwood — ADDRESS

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.

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

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