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

Do not use this space.

8601

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. — Registered No. F 9172
City Kansas City (No. St. Anthony's Home St. Ward)

2. FULL NAME Katherine McLeod
(a) Residence. No. St. Anthony's Home 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. 8 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-30

7. AGE: YEARS | MONTHS | DAYS 9 | 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) Kansas City
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER — Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Mary McLeod
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Sister Mary Joseph
(Address) St. Anthony's Home

15. FILED 3/3 1930 M. M. Crowe Registrar
Ass't

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-22, 1930, to 3-3, 1930, that I last saw her alive on Mar 2, 1930, and that death occurred, on the date stated above, at 8:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia, Bronchial "Primary"
107.7
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100.0
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? hospital
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical finding
(Signed) H. A. Hebting, M.D.
3-3, 1930 (Address) 303 Wortham 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: St Mary's Cemetery — DATE OF BURIAL: Mar 4 1930

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave

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.

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