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.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 19494
Township Kaw — Primary Registration District No. 1002 — Registered No. 2489
City Kansas City (No. 4816 Liberty st. St. Ward)

2. FULL NAME Mrs. Nelle Johnson Leckie
(a) Residence. No. 4816 Liberty st. St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19, 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
40	6	25	

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) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Thomas E. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Mollie E. Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Arch Leckie
(Address) 4816 Liberty St

15. FILED 6/15, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-5, 1930, to 6-14, 1930 that I last saw her alive on 6-14, 1930 and that death occurred, on the date stated above, at 7:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Carcinosis - Metastacised from Carcinoma of breast & involving brain & cord
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral & spinal involvement (duration) yrs. 1½ 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? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & X ray
(Signed) Samuel Ayres M. D.
6-15, 1930 (Address) 814 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	DATE OF BURIAL
Aurora, Mo.	6/16/30

20. UNDERTAKER Freeman Mortuary — ADDRESS 104 W. 42nd St.

Dr. Samuel Ayres.
[illegible]
50 E [illegible]