

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

Do not use this space.

26581

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Bliss Primary Registration District No. 5554
City Ospezzio (No. 1611 Harris)

File No. _____
Registered No. 269
St. _____ Ward _____

2. FULL NAME

Sophia B. Leary
(a) Residence No. 1611 Harris Subd. 1 Ward 2nd

(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 fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 191-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 7 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hudson Falls
(STATE OR COUNTRY) New York

10. NAME OF FATHER Rose Alphon. Guy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hudson Falls
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER W. Wood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hudson Falls
(STATE OR COUNTRY) New York

14. INFORMANT Jack Leary
(Address) 1611 Harris Subd. 1

15. FILED 8-23-30 J. D. Cook REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Aug 22, 1930 that I last saw her alive on Aug 21, 1930, and that death occurred, on the date stated above, at 1:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute dilation of heart
9.3 C

9.5 B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis - myocarditis

(duration) 5 yrs. - 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

(Signed) George T. Syme M. D.
8/22, 1930 (Address) Independence 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 DATE OF BURIAL

W. Moriah Ceme. Aug 25 1930

20. UNDERTAKER ADDRESS
Mrs. C. L. Foster K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

