

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

Do not use this space.

29849

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City, Mo (No. St. Joseph, Hospital)

File No. _____
Registered No. 3054
St. _____ Ward _____

2. FULL NAME Mrs. Olevia Leveque

(a) Residence. No. 4237 Bell Street St. 7 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 7 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 OR (OR) WIFE OF Alex Leveque

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	37	7	6	

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) Morgan, Kansas
(STATE OR COUNTRY)

10. NAME OF FATHER Adolph Gomez
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Belgium
12. MAIDEN NAME OF MOTHER Matilda Masculier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Belgium

14. INFORMANT Alex Leveque
(Address) 4237 Bell Street.

15. FILED 9/5/30 M. M. Conner REGISTRAR
Rest

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 10 1930, to Sept 5 1930, that I last saw him alive on Sept 4 1930, and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

17 Broncho Pneumonia
187A
(duration) yrs. mos. 4 ds.
CONTRIBUTORY Septic Eczematitis
(SECONDARY) (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
0 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Harry H. Jones M. D.
9-5-1930 (Address) Kansas City, 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 Pittsburg, Kansas DATE OF BURIAL 9/5/30

20. UNDERTAKER Freeman Mortuary, 104 W 42nd ADDRESS Kc Mo

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.

Mr Harry James
L. G. ...
2 to 4 ...