WHITE PLAINE, 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.

5721

File No. ..... Registered No. 814

1. PLACE OF DEATH

County Jackson — Registration District No. .....

Township Kaw — Primary Registration District No. .....

City Kansas City, Mo (No. Research Hospital St. ..... Ward)

2. FULL NAME Mrs. Leona B. Seaver

(a) Residence. No. 4804 East 23rd Street 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

S

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	6	19	

8. OCCUPATION OF DECEASED 256

(a) Trade, profession, or particular kind of work Secretary to Frank

(b) General nature of industry, business, or establishment in which employed (or employer) Boddington Live Stock Commission Company

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

PARENTS

10. NAME OF FATHER Cobb S. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maine

12. MAIDEN NAME OF MOTHER Hattie Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. E. H. Lynn
(Address) 4804 East 23rd Street

15. FILED 2/19, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/16/31 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931 to Feb 16, 1931 that I last saw her alive on Feb 16, 1931, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)

108

108

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis

+ Hemiss (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Bronchitis

(Signed) D. D. Edmonds, M. D.

2/17, 1931 (Address) 4800 E 24th St.

*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
Forest Hill Cemetery	2/19/31

20. UNDERTAKER	ADDRESS
Freeman Mortuary, K.C.Mo	

Dr. Edmonds

48-8-24