

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

Do not use this space.

17889
2023

2

1. PLACE OF DEATH

County Jackson
Township K. L.
City Mercy Hosp

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME

(a) Residence, No. 307 Miami St. Ward. Leavenworth, Kansas
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fi 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
4 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Raymond Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leavenworth, Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Robert Misenbelter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lameron, Mo.
(STATE OR COUNTRY)

14. INFORMANT Mother Mrs. Raymond Jones
(Address) 307 Miami St. Leav. 15

15. FILED 5-2-31 Wm. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/2/31 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/2/31, 1931, to 5/2/31, 1931, that I last saw her alive on 5/2/31, 1931, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lymphatic Leukemia
(duration) yrs. mos. 14 ds.

CONTRIBUTORY Secondary Primary Anemia
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Exam - Lab & autopsy
(Signed) W. M. Howard M. D.
5/2, 1931 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leavenworth, Kansas DATE OF BURIAL May 2 1931

20. UNDERTAKER J. E. Davis and Co ADDRESS Leav. 15

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.

