

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

Do not use this space.

18282

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 3030 Wabash Ave)

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

2. FULL NAME Mrs. Naomi Branham Leith

(a) Residence. No. 3030 Wabash Ave St. 11 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
-------------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1878

7. AGE	YEARS	MONTHS	DAY	IF LESS (than 1 day, _____ hrs. or _____ min.)
<u>57</u>		<u>4</u>	<u>22</u>	

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) Greenwood
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER unk Branham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Dont know

14. INFORMANT Milton B. Leith
(Address) 3030 Wabash Ave

15. FILED May 31, 1931 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30th. 1931

17. I HEREBY CERTIFY, That I attended deceased from several years, 19____ to May, 1931 that I last saw him alive on few weeks ago, 19____, and that death occurred, on the date stated above, at 7:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
few years (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Pericarditis (SECONDARY) (duration) _____ 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 Chemical
(Signed) W. J. Davis M. D.

5/31 . 1931 (Address) 402 Witham 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 Forest Hill DATE OF BURIAL 6-1-31 1931

20. UNDERTAKER Freeman Mortuary ADDRESS K.C. 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.

