

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 21414-25-10
 Township Kaw Primary Registration District No. 1003 Registered No. 2549
 City Kansas City (No. 4051, Warwick Blvd) Ward

2. FULL NAME Mrs. Rais Ann Leggs
 (a) Residence No. 4051 Warwick St., 7 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) New York ?

PARENTS

10. NAME OF FATHER E. Leggs J. Carpenter

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Harry M. Bayne
 (Address) 4651 Warwick Blvd

15. FILED 69, 1931 M. M. Kerowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1931

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to June 8, 1931. that I last saw h. alive on June 8, 1931, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Disease
93C Myocardial Insufficiency
05D
05D (duration) yrs. mos. 2 ds.
 CONTRIBUTORY Hypertension (C) Ch. Myocarditis
 (SECONDARY) (duration) yrs. 6 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
Dr. W. H. Haskinger M. D.
69. 31 (Address) 1500 Professional 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 DATE OF BURIAL
Cremation June 10 1931

20. UNDERTAKER ADDRESS
W. N. Newcomer's Sons 21116.9th St.

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.

1500 Professional Study.

2-4