

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

Do not use this space.

24891

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. _____) St. _____ (Ward _____)

2. FULL NAME Missie Leuberg
 (a) Residence. No. 1501 N. Main St., _____ Ward _____
 (Usual place of abode) (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 9 23

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

9. BIRTHPLACE (CITY OR TOWN) Baden
 (STATE OR COUNTRY) Canada

10. NAME OF FATHER Christian Babusa

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT John Leuberg
 (Address) 1501 N. Main St.

15. FILED July 29, 31 H Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1931 until I last saw her alive on July 29, 1931 and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH was as follows:
Acute dilatation of heart + respiratory failure due to metastatic tumor of stomach (Cancer) (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) had severe gastric Hemorrhage about 5 years ago

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN ACCIDENT? No.
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical
 (Signed) H Cook M. D.
July 29, 1931 (Address) Independence

*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 Mound Grove DATE OF BURIAL 7-30-1931

20. UNDERTAKER J. L. Latta, 214 N. Spring St. Independence, Mo.

WRITE PLAINLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

AUG 26 1931

PARENTS

