

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

Do not use this space.

40957

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City (No. 2643 East 6th)

Registration District No. 399
Primary Registration District No. 110

File No. 4915
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2643 East 6th St. 98 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ella LeDewright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>7</u>	<u>2</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>(Retired 15 years)</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME William P. LeDewright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary E. Crowder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT J. T. LeDewright (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE December 12, 1931

19. UNDERTAKER D. W. Babcomber's Sons (ADDRESS) 211 East 9th St.

20. FILED 12/12, 1931 M. M. Coyne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Dec 9, 1931. I last saw him alive on Dec 9, 1931. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Valvular insufficiency
46C
51B
93A

Other contributory causes of importance:

Baenning's Intestine & Stomach

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) H. B. Austin M. D.
(Address) 2714 Indiana K.C. 946

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.

