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.

SEP 26 1933

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

Do not use this space.

26505

File No. 3245

Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1882
City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

2. FULL NAME MRS. NETTIE M LEADER
(a) Residence, No. 3006 - EUCLID St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 32 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 GEORGE H. LEADER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 29-1860

7. AGE YEARS 73 MONTHS 3 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) BUFFALO (STATE OR COUNTRY) NEW YORK

FATHER
13. NAME JOHN BUTLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT MR. F. SPENCER JOHNSON (ADDRESS) 3435 BELLEFONTAINE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE AUGUST 15, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 8-14, 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1932 to August 12, 1933
I last saw her alive on August 11, 1933. Death is said to have occurred on the date stated above, at 9:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with myocardial Exhaustion	
Anaemia secondary	
Carcinoma Urinary Bladder	

Other contributory causes of importance:

53

Name of operation None except Biopsy Date of 12/10/33
What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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 No
(Signed) [signature], M. D.
(Address) 1019 Professional

1019 Professional Bldg
2:15-2:30