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.

JAN 26 1934

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

Do not use this space.

39929

1. PLACE OF DEATH

48 County Jackson — Registration District No. 398 — File No.

5 Township Blue — Primary Registration District No. 3019 — Registered No. 411

8 City Independence (No. Indep. Sanitarium St. Ward)

2. FULL NAME Mrs. Leone W. Stewart

(a) Residence, No. 933 Brookside Drive St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9th. 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
49	4	20	

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) (STATE OR COUNTRY) Va.

FATHER

13. NAME G. Arthur Whitehurst

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

MOTHER

15. MAIDEN NAME Caroline Wyat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Dr. W. A. Stewart
(ADDRESS) 933 Brookside Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington Cem DATE 1/2/34 19

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED Jan. 1, 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Dec 30, 1933

I last saw her alive on Dec 30, 1933. Death is said to have occurred on the date stated above, at 3:15 P.m.

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

	Date of onset
Coronary Sclerosis - Congestive heart failure	
17	
57	
944	

Other contributory causes of importance: Diabetes mellitus and Encephalitis lethargica

Name of operation none Date of

What test confirmed diagnosis? Bld Reg 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

(Signed) Edw L. Stewart, M. D.

(Address) 1115 Grand ave K.C. Mo

autopsy by Dr. A. H. Wiles. Research Hosp. K.C. Mo.