MAR 24 1934

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

Do not use this space. 4820 537

1. PLACE OF DEATH
County JACKSON Registration District No. 81 File No.
Township ~~KAW~~ Primary Registration District No. Registered No.
City KANSAS CITY (No. FELLOWS CONVALESCENT HOME 2641 FOREST Ward)

2. FULL NAME JOHN A LEEN
(a) Residence, No. 2020 - EAST 70TH ST. TERR. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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~~ MRS. CECELIA LEEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 22 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INSURANCE
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) 1919
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) OMAHA (STATE OR COUNTRY) NEBRASKA

FATHER
13. NAME JOHN D. LEEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER
15. MAIDEN NAME NELLIE CONNELLY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT MR. JOHN A. LEEN JR. (ADDRESS) 2020 - EAST - 70TH ST. TERR

18. BURIAL, CREMATION, OR REMOVAL PLACE WICHITA, KANS. DATE 19

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

20. FILED Feb 3, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY - 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933, to Jan 31, 1934
I last saw him alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 6:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio-sclerosis + hemorrhage	
Hypostatic pneumonia	1 BC
	82 A
	37

Other contributory causes of importance: Prostatic Hypertrophy + urinary obstruction

Name of operation Suprapubic Cystotomy Date of Dec 5 1933
What test confirmed diagnosis? Operation + Lab Tests Was there an autopsy? No

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? No
If so, specify
(Signed) J. Edward Burns, M. D.
(Address) 1210 Prof. Bldg. K.C. Mo.

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.

1210 Professional Bldg.
2-4-36