MAR 24 1934

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

Do not use this space.

4902

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township ~~Kaw~~ — Primary Registration District No. — Registered No. 626

City Kansas City (No. 3126 Karnes Boulevard St. Ward)

2. FULL NAME Harrison B. Leavens

(a) Residence, No. 3126 Karnes Boulevard 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	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 Clara C. Leavens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary & Treasurer of the Manufactures Exchange Bldg.

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) Berkshire Vermont

FATHER

13. NAME Paschal P. Leavens

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

MOTHER

15. MAIDEN NAME Anne E. Brown

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

17. INFORMANT (ADDRESS) Arthur B. Leavens 3126 Karnes Blvd

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Washington ~~Blvd~~ DATE 2-9-1934

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED 7/9 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 7 1934

22. I HEREBY CERTIFY, ~~That~~ I attended deceased from Feb 7, 1934, to Feb 7, 1934

I last saw ~~him~~ alive on Feb 7, 1934. Death is said to have occurred on the date stated above, at 1:08 A.m.

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

	Date of onset
94 A	
162	
Angina Pectoris	Feb 7

Other contributory causes of importance:

Senility and depression worries.

Name of operation — Date of

What test confirmed diagnosis? Clinical 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) E A Burkhardt, M. D.

(Address) 3346 Summit 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.