

JAN 23 1936

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

Do not use this space.

39534

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Town Kansas City Primary Registration District No. 1002  
City Kansas City (No. 528) St. White  
Registered No. 2071  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Georgia C. Leslie  
(a) Residence, No. 528 N White St. \_\_\_\_\_ 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1878  
7. AGE YEARS 57 MONTHS 9 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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) Cole Co., Missouri  
(STATE OR COUNTRY)

13. NAME Samuel D. Missick

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

15. MAIDEN NAME Lucinda Dunbar

16. BIRTHPLACE (CITY OR TOWN) Cole Co., Mo.  
(STATE OR COUNTRY)

17. INFORMANT Wm E. Leslie  
(ADDRESS) 528 N. White

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell DATE Dec 10 1935

19. UNDERTAKER Mrs. C. L. Carter  
(ADDRESS) 718 Brookman Ave,

20. FILED Dec 9 1935 M. M. Coroway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11 1935 to Dec 8 1935  
I last saw her alive on Dec 8 1935 Death is said to have occurred on the date stated above, at 1 P. m.  
The principal cause of death and related causes of importance were as follows:

Cardiovascular  
renal disease w/  
failing compensation (Date of onset \_\_\_\_\_)

Other contributory causes of importance 131

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical (Were 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) W. H. Allen, M. D.  
(Address) Independence, 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.

THIS IS A PERMANENT RECORD

2 P.M. till

6:00 P.M.

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