

MARGIN RESERVED FOR BINDING

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.

OCT 21 1936

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

Do not use this space.

37994

1. PLACE OF DEATH

County Jackson Registration District No. 404
Township Kaw Washington Primary Registration District No. 5558
City Kansas City (No. Armour Memorial Home St. _____ Ward _____)

File No. _____
Registered No. 72

2. FULL NAME

Mary Alice Leach
(a) Residence, No. Armour Memorial Home 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 Female 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 John H. Leach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 12, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 0 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) Virginia

FATHER
13. NAME George H. Wyatt

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

MOTHER
15. MAIDEN NAME Margaret Upton

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

17. INFORMANT Armour Memorial Home Records
(ADDRESS) 81st & Wornall Road, Kansas City,

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly, Mo. DATE October 4, 1936

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

20. FILED Oct 2 1936 Fred R. Linder
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1934, 19____, to Oct 2, 1936

I last saw her alive on Sept 30, 1936 Death is said

to have occurred on the date stated above, at 12:30A m.

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

Broncho-pneumonia Sept 25 1936
Arterio-sclerosis 1934
Date of onset

Other contributory causes of importance:

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) J. B. Wallace, M. D.
(Address) 703 Hallway Bldg.

4. 10. 1911