

JAN 19 1937

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

Do not use this space.

44927

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. Trinity Lutheran Hospital)

File No. \_\_\_\_\_  
Registered No. 3510  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Alexander Leishman

(a) Residence, No. Savoy Hotel St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Leishman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28, 1868</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>23</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Manager</u>	
	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) <u>Scotland</u>		
FATHER	13. NAME <u>Alex Leishman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
MOTHER	15. MAIDEN NAME <u>Mary Dow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
17. INFORMANT (ADDRESS) <u>William Leishman 3328 Wasington, Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Topeka, Kansas</u> DATE <u>Dec. 23, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Stine &amp; McClure 3235 Gillham Plaza</u>		
20. FILED <u>Dec 22, 1936 M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to Dec 21, 1936  
I last saw him alive on Dec 21, 1936 Death is said to have occurred on the date stated above, at A. m. 6:40  
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset 12.19.36

Other contributory causes of importance:

Broncho Pneumonia  
Sclerosis of Myocardium  
Acute Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X Ray 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 George O. Lee

(Signed) \_\_\_\_\_ M. D.  
(Address) 730 Professional Bldg

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.

Coff Bldg 200. Pr  
30m.