

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. St. JOSEPH Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 36901  
Registered No. 42230

2. FULL NAME Mrs. Mattie Leslie

(a) Residence, No. 4416 Penn. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25th 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Warren C. Leslie

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23 1937 to Oct 25 1937, 1937

I last saw her alive on Oct. 25 1937, 1937. Death is said to have occurred on the date stated above, at 12.30p.

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

Arteriosclerotic Rupture of the thoracic aorta.

Date of onset Oct 25 1937

96  
Other contributory causes of importance: Stenosis of the liver

Several years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) John F. Caldwell, M. D.  
(Address) 636 Argyle Bldg. Kansas City, Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. About 63

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) Missouri

13. NAME Lemuel Kirkland

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

15. MAIDEN NAME Jane Smith

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

17. INFORMANT Mrs. W.A. Kemp (ADDRESS) 4416 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Oct 27th 1937

19. UNDERTAKER Howe Newsome Sons (ADDRESS) Kansas City - Mo

20. FILED Oct 27 1937 M. V. Snow Registrar.

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.

2902 K-013A SK  
# 3550

6<sup>06</sup> Aug 1930 - 330 pm