

JAN 17 1938

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

Do not use this space.

44176

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. 6017 Rockhill Road)

File No. 5079
Registered No. _____
St. _____ Ward _____

2. FULL NAME Leopold Leitner

(a) Residence, No. 6017 Rockhill St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 55 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Leitner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gardener
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) Germany 10

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 3

17. INFORMANT Mrs. Mary Leitner
(ADDRESS) 6017 Rockhill

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary DATE 12-18-37

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS) _____

20. FILED Dec 17, 37 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1936, to Dec 15, 1937.
I last saw him alive on Dec 15, 1937. Death is said to have occurred on the date stated above, at 7:45 P.

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

Ca of stomach
46.

Date of onset Feb '36

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) Raymond J. Pasquini, M. D.
(Address) Plaza Bank 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.

Page Bank Bldg

John W. Selby & Co.

James H. Overton