

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

Do not use this space.

33009

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. 600 East 59th Street)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4230
St. _____ Ward _____

2. FULL NAME Leona C. Brunk

(a) Residence. No. 600 East 59st. St. 8 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Isaac McGriff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Mrs. Roy Millis
(Address) 600 East 59th Street

15. FILED 10/20, 1930 M. M. Brown REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 21st, 1930, to Oct 19th, 1930, that I last saw her alive on Oct - 18, 1930, and that death occurred, on the date stated above, at 130 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage from Stomach -
46B
20E (duration) _____ yrs. mos. 2 ds.
110C
CONTRIBUTORY Cancer - of Stomach and
(SECONDARY) Liver (duration) _____ yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam & History
(Signed) W. B. Bowman, M. D.

10/20, 1930 (Address) 652 Board Trade Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Mt. Moriah Cemetery 10/21/30

20. UNDERTAKER ADDRESS
Freeman Mortuary, 104 W 42nd St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. L. A. Lawrence
7036 Broadway St.