

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

Do not use this space.

23010

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Vineyard Park Hosp.) St. _____ Ward _____

2. FULL NAME Mrs. Kathryn Leonard De Haven
 (a) Residence, No. 3300 Gillham Rd. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 2072
 St. _____ Ward _____

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				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-22-1867</u>				
7. AGE YEARS 65	MONTHS 5	DAYS 4	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	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>Illinois</u>				
FATHER	13. NAME <u>George B. Leonard</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Carrie Chandler</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	17. INFORMANT <u>Mrs. Harold Baker</u> (ADDRESS) <u>3621 Paseo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington</u> DATE <u>7-28-32</u> , 19__				
19. UNDERTAKER <u>Freeman Mortuary</u> (ADDRESS) <u>Kansas City, Mo.</u>				
20. FILED <u>July 27, 1932</u> <u>M. M. Crowe</u> <u>Asst. Registrar.</u>				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-32, 19__

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1932 to 7-26, 1932
 I last saw him alive on 7-26, 1932 Death is said to have occurred on the date stated above, at 1:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Bleptic Jaundice
Cholangitis
Cholecystitis 6-18-32
 Other contributory causes of importance: Abd. drainage
 Name of operation Abd. drainage Date of 7-15-32
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? (D) Date of injury _____, 19__
 Where did injury occur? (D) (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? _____
 If so, specify _____
 (Signed) W. Sheldon, M. D.
 (Address) Boy corner 8th & E. C. Hwy

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.

To Sheldon