

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

Do not use this space.

15168

1. PLACE OF DEATH

County Johnson
 Township Rene
 City Kansas City (No. St. Lukes Hosp)

Registration District No. 399
 Primary Registration District No. 1002

File No. 2036
 Registered No. 2036 St. _____ Ward _____

2. FULL NAME

Rebecca Levy
 (a) Residence. No. 4220 Mill Creek St. Ward _____
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ____ da. How long in U.S., if of foreign birth? 14 yrs. mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **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 Max Z. Levy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1885

7. AGE YEARS 42 MONTHS - DAYS - If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home duties
 (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)

Russia

10. NAME OF FATHER

Yankel Benzard

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

Russia

12. MAIDEN NAME OF MOTHER

Mink

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

Mink

14. INFORMANT

Max Z. Levy
 (Address) 610 Main St.

15. FILED

May 19 27 M. M. Crane
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/17/27 19 ____

17. I HEREBY CERTIFY, That I attended deceased from 5/8/27, 19 ____ to 5/17/27, 19 ____ that I last saw h.e. alive on 5/17/27, 19 ____, and that death occurred, on the date stated above, at 7:2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 carcinoma of colon
45
 CONTRIBUTORY thrombo-phlebitis of liver
 (SECONDARY) (duration) ____ yrs. ____ mos. ____ da.
 (duration) ____ yrs. ____ mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/3/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? irradiation

(Signed) J. H. Crane M. D.

5718 . 19 27 (Address) 1325 Walnut 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

Sheffield 5-18 19 27

20. UNDERTAKER

ADDRESS

J. P. Lewis City

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1945

1945

1945

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1945

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1945
Frank S. Johnson

State of Missouri)
(ss.
County of Jackson)

A. L. Louis, of lawful age, being first duly sworn upon his oath states:

That he, A. L. Louis, and his father J. P. Louis are undertakers in the City of Kansas City, Jackson County, Missouri doing business as J. P. Louis Undertaking Company; that in the conduct of said business they get burial permits in the city from the Bureau of Vital Statistics, Kansas City, Missouri; that one Rebecca Levy died on May 17th., 1927; that her remains were entrusted to the said J. P. Louis Undertaking Company for burial; that Mr. A. L. Louis, the affiant, obtained the burial permit and the date of burial on the death certificate and said burial permit stated that the funeral was to be on May 18th., 1927, but that on the evening of May 17th., 1927 said affiant received a telegram from a brother of the said Rebecca Levy stating that he would be here on the nineteenth and that with the consent of the husband of said Rebecca Levy the funeral was postponed and was held on May 19th., 1927 and in that respect the records in the Bureau of Vital Statistics at Kansas City are incorrect. This affidavit is made for the purpose of correcting the date on said records.

Further affiant saith not.

A. L. Louis

Subscribed and sworn to before me this twenty-third day of March, 1928.

James D. Smith
Notary Public.

My commission expires March 8th., 1932.

ALBERT I. BEACH, MAYOR



MARKER, LAW
RRAY, PUBLIC WORKS
NSON, FIRE
CAVANESE, HEALTH
LIVAN, WELFARE
LEMING, WATER
DON, FINANCE
NNAHAN, PERSONNEL
FOSTER, PRES. PARK BOARD
V. JONES, CHAIRMAN
CITY PLAN COMMISSION

KANSAS CITY, MISSOURI

H. F. McELROY, CITY MANAGER

March, 26, 1928.

COUNCILMEN

CHAS. H. CLARK, 1ST DISTRICT
DAVID B. CHILDS, 2ND DISTRICT
C. JASPER BELL, 3RD DISTRICT
CLARENCE A. BURTON, 4TH DISTRICT
A. N. GOSSETT, AT LARGE
HENRY L. McCUNE, AT LARGE
GEORGE L. GOLDMAN, AT LARGE
IRA B. BURNS, AT LARGE

CHARLES W. REGAN, CITY CLERK

Dr. James Stewart, Secretary,
State Board of Health,
Jefferson City, Mo.

Dear Dr. Stewart:-

Enclosed you will find a supplementary record of the death of Rebecca Levey with affidavit attached, which we required in order to change the date of burial, from May 18th, to May 19th.

This record has been involved in a legal matter and as a precautionary measure we requested the affidavit.

Very truly yours,

Margaret M. Crowe

(Miss) Margaret M. Crowe,
Assistant Registrar.

RECEIVED
MAR 27 1928
STATE BOARD OF HEALTH
OF MISSOURI

ENCLOSURES: 2

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County

Jackson

Township

Kaw

Village

Kle Mo

City

(NO

Registration District No.

399

File No.

Primary Registration District No.

1000

Registered No.

2836

2 FULL NAME

Rebecca Levey

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

16 DATE OF DEATH

May 17 1912
(Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

17

I HEREBY CERTIFY that I attended deceased from

1912 to 1912

that I last saw him alive on 1912

and that death occurred, on the date stated above, at _____ m.

7 AGE

_____ yrs. _____ mos. _____ ds.

If LESS than
1 day, _____ hrs.
or _____ min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

(Duration) _____ yrs. _____ mos. _____ ds.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

CONTRIBUTORY

(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D.

1912 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

May 19 1912

20 UNDERTAKER

ADDRESS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed Mar 26 1912 M. M. Brown

Registrar

Original file, date: May 18 1912

All information called for must be written on this Supplement

N. B. GA. BY THE GA. REG. OF VIT. STAT. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

89151-S

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples; (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite);

Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)