

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

Do not use this space.

5102

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Free Primary Registration District No. 399
 City Kansas City (No. 3314 Woodland Ave) St. _____ Ward _____
 2. FULL NAME Levi S. Silverstone
 (a) Residence No. 3314 Woodland St. 13 Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 10 yrs. mos. ds.

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 Sarah Silverstone
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 9 1852
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 2 5
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Druggist
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland
 10. NAME OF FATHER Isaac Silverstone
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland
 12. MAIDEN NAME OF MOTHER Birdie Burriss
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

14. INFORMANT F. E. Silverstone
 (Address) 3314 Woodland
 15. FILED 7/8, 1930 M. M. Browne
 REGISTRAR Assr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1930
 17. I HEREBY CERTIFY, That I attended deceased from now 10- 1929, to Feb. 14- 1930, that I last saw him alive on Feb. 13- 1930, and that death occurred, on the date stated above, at 5 PM.
 "THE CAUSE OF DEATH" WAS AS FOLLOWS:
Chronic
Myocarditis - arteriosclerosis
13 10
930 (duration) 4 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic parenchymatous
 (duration) 25 yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED 1029 W
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Urinal findings
 (Signed) B. S. Sulzberger, M. D.
7/5, 1930 (Address) 826 Orange 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 St. Louis DATE OF BURIAL 7/18 1930
 20. UNDERTAKER Helian K. Darden ADDRESS 3024 Front

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.

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