

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

Do not use this space.

23002

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital)

File No. _____
Registered No. 2994
St. _____ Ward _____

2. FULL NAME Israel Levine

(a) Residence. No. 3626 Indiana St. 16 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? 10 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Self

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

10. NAME OF FATHER Joseph Levine

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Mrs. Ethel Kaplan
(Address) 3405 Wabash Ave.

15. FILED 7/21, 1930 M M Lewis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21, 1930

I HEREBY CERTIFY, That I attended deceased from June 1925, 1925, to July 21, 1930 that I last saw him alive on July 21, 1930, and that death occurred, on the date stated above, at 1 A m.

17. THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
730
Renal insufficiency
Renal sclerosis (duration) yrs. 6 mos. ds.
CONTRIBUTORY Myocardial
(SECONDARY) Degeneration (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Urinal Septo
(Signed) D. Morris Lester M. D.

7/21, 1930 (Address) 724 Apple

*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 7-21-1930

20. UNDERTAKER ADDRESS
J.P. Louis Funeral Home Mo City, Mo

N. E.—Every item of information should be carefully checked for accuracy. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

5-1
23
51

