

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

Do not use this space.

26697

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1003
(No. St. Mary's Hospital)

File No. 3301
Registered No. 3301
St. _____ Ward _____

2. FULL NAME Earl Robert Levy

(a) Residence. No. 3725 Benton Blvd St. 16 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 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 Mary Fowler Levey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 24, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 5 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Clerk
(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) Missouri

10. NAME OF FATHER S. E. Levey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Mrs. Mary Fowler Levey
(Address) 3725 Benton Blvd.

15. FILED 8/9/30 M. M. Creaf REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 7 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-20, 1930, to 8-7, 1930, that I last saw him alive on 8-7, 1930, and that death occurred, on the date stated above, at 7:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1150 Myocardial Insufficiency

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) yrs. 4 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-8-30

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) H. H. Whipple, M. D.

87, 1930 (Address) 1034 Pratt

*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 Memorial Park Cem. DATE OF BURIAL 8-9-1930

20. UNDERTAKER Shine & McClure ADDRESS 3235
William Plog

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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