

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

Do not use this space.

*Dr. Ananly*

PLACE OF DEATH  
County Pettis Registration District No. 668  
Township Armadalia Primary Registration District No. 3032  
City Armadalia (No. \_\_\_\_\_) St. \_\_\_\_\_ (If nonresident, give city or town and State)  
Ward \_\_\_\_\_ (Ward)

2. FULL NAME Harlan LeRoy Levgrove  
(a) Residence No. 723 East 31 St. 31 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. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. 30729  
Registered No. 238

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-10-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
4

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

9. BIRTHPLACE (CITY OR TOWN) Armadalia  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Hobart Levgrove  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mercury Mo  
(STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER Jewell Newton  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Benton Mo  
(STATE OR COUNTRY) Mo

14. INFORMANT Hobart Levgrove  
(Address) Armadalia Mo  
15. FILED 9-16-30 J. L. Love  
REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1930  
17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Sept 14, 1930 that I last saw him alive on Sept 13, 1930, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cholerae  
12913  
12413 (duration) yrs. mos. 4 ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
8 DID AN OPERATION PRECEDE DEATH? DATE OF no  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) O. Searley, M. D.  
1930 (Address) Armadalia Mo

\*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 Armadalia Mo DATE OF BURIAL 9/15 1930  
20. UNDERTAKER McLanglin Burial ADDRESS Armadalia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

5.—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.

OCT 31

