

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

Do not use this space.

5557

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township Kane Primary Registration District No. _____

City Kansas City (No. St. Mary's Hosp.) St. _____ Ward _____

File No. _____

Registered No. 6597

2. FULL NAME

(a) Residence. No. 4232 Virginia St. 15 Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

Whi

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

None

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

Not known

7. AGE

40

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

None

(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

Bernard Levitt

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

(Address)

Mrs. Harry Fogel
4232 Virginia

15. FILED

_____ 19. 31

Mo. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from _____
Jan 19, 1931, to Feb 9, 1931,
that I last saw him alive on Feb 8, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

96
930 (duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank B. Fogel M. D.

710. 1931 (Address) 1002 Industrial 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

Wt. Cannel

Feb 10 1931

20. UNDERTAKER

ADDRESS

J. P. Lewis

Kelley Mo.

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.

Dr. Van Dyke