

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

Do not use this space.

24166

1. PLACE OF DEATH

County Bates Registration District No. 50
 Township North Pleasant Primary Registration District No. 300X
 City Butler (No. Community Hospital) St. _____ Ward _____

File No. 47
 Registered No. _____

2. FULL NAME

(a) Residence, No. 25 Ashland Independence Ave. Ward. Kansas City Mo
 (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 Ruth Levine
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 7 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palau

MOTHER 13. NAME Joe Levine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palau

15. MAIDEN NAME Esther Katz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palau

17. INFORMANT (ADDRESS) J. L. Suedal, 2426 Cass St. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield DATE July 20, 1931

19. UNDERTAKER (ADDRESS) J. P. Lewis Funeral Home, 300 W. 2nd Ave. Kansas City, Mo.

20. FILED July 19, 1931 Nina S. Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at S. A. m.

The principal cause of death and related causes of importance were as follows:

Fraactured skull, internal injury
injuries of lungs.
Killed in Automobile collision
on 71
Viewed the body VIO M

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury July 19, 1931
 Where did injury occur? Butler, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Automobile collision on No. 71 at Butler

Manner of injury Fractured skull
 Nature of injury internal injuries Hospital

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) C. M. Rice, M. D.
CORONER BATES CO.
 (Address) Butler, Mo.

WRITE PLAINLY IN INK. UNFADING INK--THIS IS A PERMANENT RECORD

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.

306 N.