

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

Do not use this space.
25133

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No.)

Registration District No. 399
Primary Registration District No. 1602
Research Hospital

File No.
Registered No. 3132
St. Ward

2. FULL NAME

Anna Levas

(a) Residence, No. 1243 Penn. St. 1 Ward.

(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 Female 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 James Levas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>38</u>	<u>3</u>	<u>12</u>	<u> </u>	<u> </u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Germany

13. NAME Wm. Hohler

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

15. MAIDEN NAME Not Known

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

17. INFORMANT James Levas (ADDRESS) 1243 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem. DATE July 21 1931

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED 7-20-31 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1931

22. I HEREBY CERTIFY, That I attended deceased from July 5 1931 to July 19 1931

I last saw him alive on July 18 1931 Death is said

to have occurred on the date stated above, at 10 A. m.

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

Date of onset

Pulmonary thrombosis
118 sudden death in 5 minutes

Other contributory causes of importance:

Unusual labor on July 5

Name of operation Sector Date of July 5 31
(What test confirmed diagnosis? Findings Was there an autopsy? Yes)

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. S. Imbach, M. D.

(Address) Angled, Tex.

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.

