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

Do not use this space.
31495

1. PLACE OF DEATH Veterans' Administration Hospital.
County Jackson Registration District No. File No.
Township Kaw Primary Registration District No. Registered No. 3993
City Kansas City, Mo. (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME LEVERICH, Clarence Henry C-1 563 465 VB
(a) Residence, No. 6212 E 11th, St., 12 Ward. Pvt. Med. Det. 7th Cav.
(Usual place of abode) Kansas City, Missouri. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	28	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
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) Missouri

FATHER
13. NAME Frank Leverich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Missouri

MOTHER
15. MAIDEN NAME Martha Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Martha Bowman (mother)
(ADDRESS) 6212 E 11th, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE 9-29, 1931

19. UNDERTAKER Freeman Mortuary
(ADDRESS) 42nd St. & Baltimore Ave.

20. FILED 9-29, 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1931, to Sept. 28, 1931
I last saw him alive on Sept. 28, 1931 Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
V.H.D. Mitral Stenosis with Auricular Fibrillation	1926
92A 95B 02B	
Other contributory causes of importance:	
Chronic Bronchitis secondary to Cardiac condition	1929

Name of operation None Date of ---
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

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? No
If so, specify
(Signed) J. E. Fahy, M. D.
(Address) J. E. FAHY, Act. Med. Officer in Charge
Veterans' Administration Hospital
Kansas City, Missouri

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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.