

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

Do not use this space.

32049

1. PLACE OF DEATH

County Temperance Registration District No. 653
Township High Primary Registration District No. 5864
City High (No. _____) St. _____ Ward _____

File No. _____
Registered No. 97
St. _____ Ward _____

2. FULL NAME

Beulah Mae Levy
(a) Residence, No. High St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>girl</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
		5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10 - 30</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>1</u>		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			11. Total time (years) spent in this occupation _____
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) _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>High</u>			
FATHER	13. NAME <u>Clarence Levy</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>		
MOTHER	15. MAIDEN NAME <u>Beulah Floyd</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>		
17. INFORMANT (ADDRESS) <u>Fisher</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <u>Morgan County</u> DATE <u>9-11-1931</u>			
19. UNDERTAKER (ADDRESS) <u>Poor Farm</u>			
20. FILED <u>9-11-1931</u> <u>J. Johnson</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1931
I last saw him alive on Sept 8 1931. Death is said to have occurred on the date stated above, at 3:00 Am.
The principal cause of death and related causes of importance were as follows:
Politis
1193/19
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? 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 _____, 1931
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) William H. Hays, M. D.
(Address) High

WRITE PLAINLY, WITH 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.

9-24-1931

