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.

NOV 28 1931

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

Do not use this space.
36717

1. PLACE OF DEATH
County Wright — Registration District No. 908 — File No.
Township Mtn Grove — Primary Registration District No. 4549 — Registered No. 46
City (No. , St. Ward)

2. FULL NAME Levi J. Deck
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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 Maud Ellen Deck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-1854
7. AGE YEARS 77 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
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) William Co. Ohio

FATHER
13. NAME Frederick Deck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lowell Deck
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill Crest DATE 10-11- 1931
19. UNDERTAKER (ADDRESS) Bottom Funeral Home Mtn Grove Mo
20. FILED 10/20 1931 J. H. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9 1931
22. I HEREBY CERTIFY, That I attended deceased from 9-16- 1931, to 10-9- 1931.
I last saw him alive on 10-9- 1931. Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia — Date of onset 9-20-31
HA
107A
162
Other contributory causes of importance: Influenza
General Debility
Name of operation None Date of
What test confirmed diagnosis? Clinical 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) H. G. Frame, M. D.
(Address) Mtn Grove, Mo.