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

Do not use this space.

4757

1. PLACE OF DEATH
County Jackson Registration District No. ..... File No. .....
Township Kaw Primary Registration District No. ..... Registered No. 618
City Kansas City (No. 1512 Garfield - Apt. A St. ..... Ward)

2. FULL NAME Dollie Levell
(a) Residence, No. 1512 Garfield St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earl Levell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25-1900
7. AGE YEARS 31 MONTHS 2 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 295
10. Date deceased last worked at this occupation (month and year) Feb. 5. 1932
11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
FATHER
13. NAME Albert Gaines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
MOTHER
15. MAIDEN NAME Mary Berryman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
17. INFORMANT (ADDRESS) Earl Levell 1512 Garfield Apt A
18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE Feb. 16, 1932
19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E. 12th St.
20. FILED 2/15, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb. 5th. 1932, 19..., to Feb 12th 1932, 19...
I last saw her alive on Feb 12th 1932, 19... Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia 11A	2-9-32
11a 10B	
(1)	

Other contributory causes of importance:
Influenza preceeding Pneumonia for several days

Name of operation ------ Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no
(Signed) E. A. Walker M. D.
(Address) 1583 E 18 N. Mo.

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

MARGIN RESERVED FOR BINDING

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.