

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.

AUG 22 1932

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

Do not use this space.

21957

1. PLACE OF DEATH
 10 County Boone Registration District No. 73
 3 Township Columbiaw Primary Registration District No. 3006
 8 City Columbiaw (No. 179) St. William Ward 170

2. FULL NAME Frank Letton Levi
 (a) Residence, No. 179 William 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 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 Luille Levi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>40</u>	<u>9</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barker, 226

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) Kentucky 2

13. NAME Scott Levi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bozith, Ky 3

15. MAIDEN NAME Nellie Peab

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

17. INFORMANT (ADDRESS) Mrs. Frank Levi
179 William

18. BURIAL, CREMATION, OR REMOVAL PLACE Col. Cemetery DATE July 31, 1932

19. UNDERTAKER (ADDRESS) Parkey Furniture Co.
116 N. 10th St.

20. FILED 7/30/1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-25-1932, to 7-28-1932.
 I last saw him alive on 7-28-1932. Death is said to have occurred on the date stated above, at 20 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute ascending Paralysis (Lassaly's Form) Date of onset 7-23-32

81A 81

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Lab. Was there an autopsy? No.

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 no
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. A. Dyson, M. D.
 (Address) Columbiaw, Mo.

