

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

Do not use this space.

2517
29

1. PLACE OF DEATH

County Newton
Township 45-35
City Granby (No. _____)

Registration District No. 614
Primary Registration District No. 45-35

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

George Thomas Leverick
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah E. Cox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 - 1857</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>gpt</u>	
	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) <u>Mo.</u>		
MOTHER	13. NAME <u>Solomon Leverick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
	15. MAIDEN NAME <u>Mary Anna Green</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT <u>M^r Ed Barnard</u> (ADDRESS) <u>Granby Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Granby</u> DATE <u>Jan 22 1933</u>		
19. UNDERTAKER <u>James Neuman</u> (ADDRESS) <u>Granby Mo</u>		
20. FILED <u>1-21-1933</u> <u>J. M. F. R. Dent</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1933, to Jan 20 1933
I last saw him alive on Jan 18 1933. Death is said to have occurred on the date stated above, at 8:03 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Jan 17 1933

Other contributory causes of importance: gpt

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify St. Polerus _____, M. D.
(Signed) _____ (Address) Granby Mo

N. B. - Every record of CAUSE OF DEATH in plain terms, so that it may be properly understood, is of great importance.

