

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

Do not use this space.

1. PLACE OF DEATH

County Daviess
Township Benton
City Pattersonburg (No.)

Registration District No. 254
Primary Registration District No. 4054

File No. 32635
Registered No.
St. Ward)

2. FULL NAME

Alva Meritt Levers

(a) Residence, No. 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 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 Levia Levers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 1 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) November 1933 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Madison Co., Mo.

13. NAME Alva Meritt Levers (decd)

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Anna E. Toth

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Eng.

17. INFORMANT Mrs Ethel Cooper (ADDRESS) Pattersonburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. O. Pattersonburg DATE Oct 15, 1933

19. UNDERTAKER J. J. Gromer (ADDRESS) Pattersonburg Mo.

20. FILED Oct 13, 1933 Frances C. Sutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1933

22. I HEREBY CERTIFY, That I VIEWED deceased from-
attended

19... to 19...
I last saw him DEAD alive on Oct. 13, 1933. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Broken Neck
Caused by falling
down stairway

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? not an accident Date of injury 10/13, 1933

Where did injury occur? Pattersonburg, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
falling down stairway
Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) E. Cotter Murray Coroner

(Address) By H. A. Stapp, Deputy

Pattersonburg, Mo.

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.

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