

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 299
 Township Kaw Primary Registration District No. 1308
 City Kansas City (No. Menorah Hospital) St. _____ Ward _____

16735

File No. _____
 Registered No. 210

2. FULL NAME

Max Z. Levy
 (a) Residence, No. 4220 Mill Creek 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Levy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 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) Not Known

FATHER 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Gertrude Sniderman
 (ADDRESS) New York City

18. BURIAL, CREMATION, OR OTHER DISPOSITION PLACE Sheffield DATE May 11, 1934

19. UNDERTAKER J. P. Louis Funeral Home
 (ADDRESS) 3400 Woodland Ave.

20. FILED May 11, 1934 m. 7m. Crowne Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933, to May 7, 1934
 I last saw him alive on May 7, 1934. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:

Diabetic Gangrene
Right Leg
Arterio Sclerosis, Bristled
Regurgitation, & Decomposed
 Date of onset 2 mo.
 Other contributory causes of importance 1 mo.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms 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) N. D. Serowitz, M. D.
 (Address) 220 Argyle Bldg

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.

JUN 19 1934

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Dr. Jerowitz
Vi 3986
Argyle Bldg.