

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi Registration District No. 5-66 File No. 21198
 Township Franklin City Primary Registration District No. 3030 Registered No. 76
 City Charleston (No. _____) St. _____ Ward _____

2. FULL NAME

Marlin Levin
 (a) Residence, No. S. Franklin St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Levin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22 - 1912</u>		
7. AGE <u>22</u>	YEARS <u>3</u>	MONTHS <u>16</u>
		DAYS <u>16</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Cook</u>		
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) <u>Belmont Mo</u>		
13. NAME <u>Percy Bell Levin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belmont Mo</u>		
15. MAIDEN NAME <u>Ira Bell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belmont Mo</u>		
17. INFORMANT <u>Brother - Marion Levin</u> (ADDRESS) <u>Charleston Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>6-9</u> 19 <u>34</u>		
19. UNDERTAKER <u>Charleston Fun & Und Co</u> (ADDRESS) <u>Charleston, Mo.</u>		
20. FILED <u>6/9/</u> 19 <u>34</u> <u>F. Vernon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

22. HEREBY CERTIFY that I attended deceased from July 4, 1933, to June 8, 1934
 I last saw h. him alive on about May 30, 1934. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Pulm. Tuberculosis
23A
23
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis Positive Sputum here 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) E. Chas. Kelsey M. D.
 (Address) Charleston Mo.

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.

JUL 24 1934

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