

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

Do not use this space.

1 SEP 13 1934

**1. PLACE OF DEATH**

County Chariton  
Township Clark  
City Westville (No. \_\_\_\_\_)

Registration District No. 17H  
Primary Registration District No. 3242

File No. 28650  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Levi Solomon

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 54 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 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 Eda May Oliver Solomon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1860  
7. AGE YEARS 74 MONTHS 3 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page Iowa

MOTHER FATHER  
13. NAME William Solomon  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
15. MAIDEN NAME Elizabeth Finckley  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Albert Solomon Westville Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stadley Ceme DATE Aug 21 1934

19. UNDERTAKER (ADDRESS) Jas M Lang Klein  
Margaret Mo

20. FILED 9-11-1934 C A Walton Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1934  
22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1934 to Aug 15 1934  
I last saw him live on Aug 15 1934. Death is said to have occurred on the date stated above, at 12:05 m.

The principal cause of death and related causes of importance were as follows:  
Cardiac Insufficiency (Heart Failure) Date of onset \_\_\_\_\_

Other contributory causes of importance:  
International Sanitation Laboratory & Clinical  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

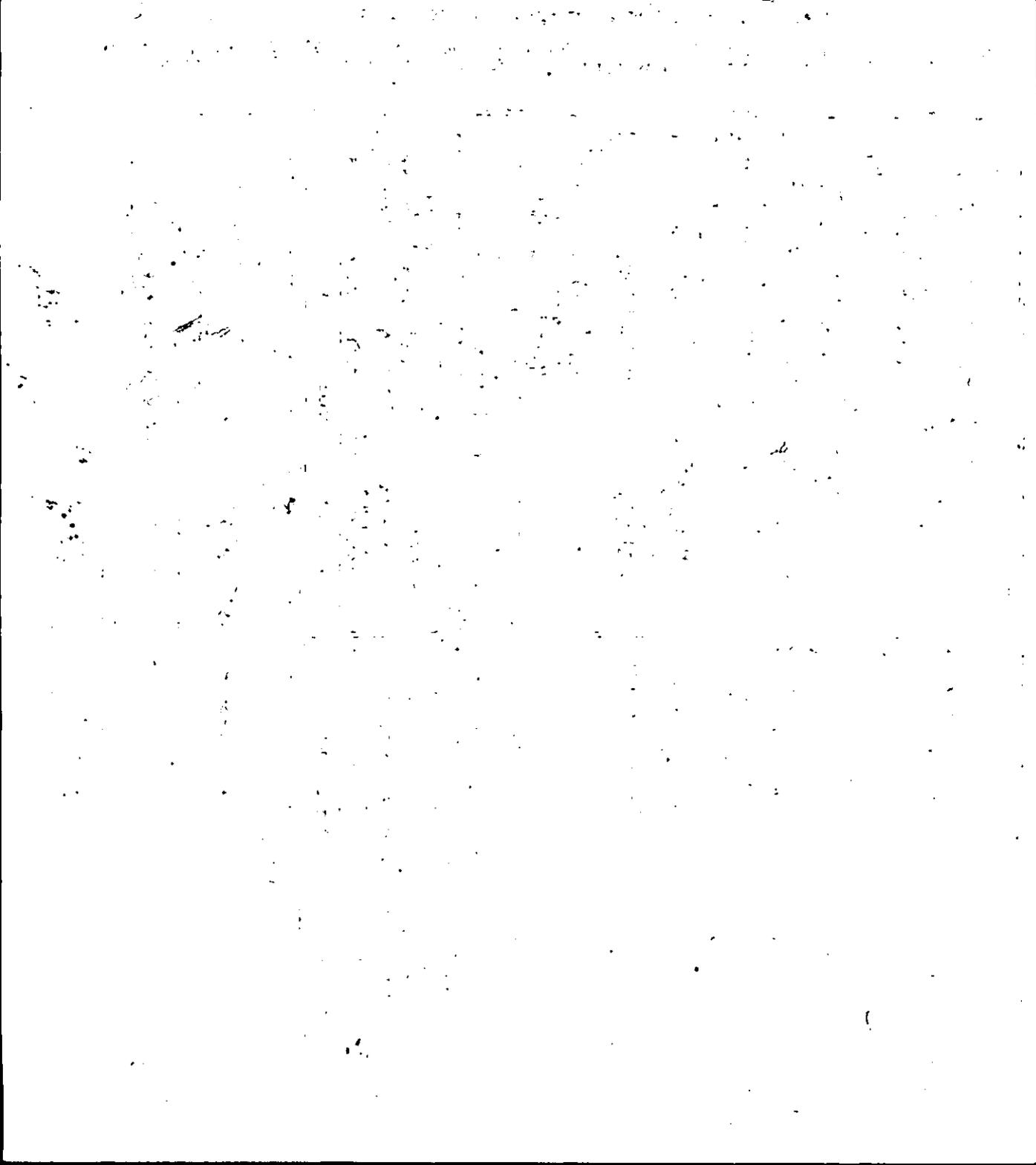
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or 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 \_\_\_\_\_  
(Signed) D. Lewis Leamy M.D.  
(Address) Marion Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-11-24-33

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.



OFFICE HOURS  
9 TO 12 A. M.  
1 TO 5 P. M.

Dr. CRAIG CORNETT

OSTEOPATHIC PHYSICIAN AND SURGEON

113-A KANSAS AVE.

MARCELINE, MO.

OFFICE PHONE 357

Dr. C. D. Stretton  
Rothville Mo

Dear Doctor in regard to

Fori Solomon his nephritis was acute,  
definit cause unknown

Myocarditis was the condition of heart  
secondary condition from kidney.

Respectfully

Thank you for  
information

Dr. Craig Cornett

Aug 15-1934

S-6228650

#2. *Chariton*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Levi Solomon*  
Who died at \_\_\_\_\_ on *Aug. 20 - 1934*  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *M* Color or race *W* Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years *74* Months *3* Days *8*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) *Cardiac Insufficiency*  
Birthplace of father (State or country) *East Palestine*  
Birthplace of mother (State or country) *Myocarditis*  
Principal cause of death: \_\_\_\_\_

Other contributory causes of importance *Nephritis Acute - Cause*  
Name of operation \_\_\_\_\_ Date of *Unknown*  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_  
Signature of Registrary *C. D. Stratton* Date filed *10-11-34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *174*

Very truly yours,

Primary Reg. Dist. No. *5242*

*E. T. McGaugh, M.D.*  
Special Agent.

S (2) 28650