

MAR 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County Ruchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. 4647
Registered No. 191

2. FULL NAME Hubert Henry Leven

(a) Residence, No. 2608 Sacramento St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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 Cecelia E. Leven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 27, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armour & Company.
10. Date deceased last worked at this occupation. (month and year) Feb. 1936 11. Total time (years) spent in this occupation. 27 Yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Itenbach Bavaria Germany

FATHER 13. NAME Hubert Joseph Leven

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mrs. Cecelia E. Leven, Co. 2608 Sacramento Str. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Co. DATE February 21, 1936

19. UNDERTAKER H. C. Sidenfaden (ADDRESS) 1802 Union Str. St. Joseph Mo.

20. DIED 20 1936 19 John A. Barden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1936 to February 19, 1936
I last saw him alive on February 19, 1936 Death is said to have occurred on the date stated above, at 10:35 A.M.

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

Acute Lobes Pneumonia Date of onset 2/18/36
Both Lungs

Other contributory causes of importance: Pneumonia Morbus 8/1/1935

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? _____ 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: Dr. John J. Wiersma

(Signed) _____ M. D.

(Address) 1041 N. 7th St. St. Joseph 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.

