

JUN 23 1936

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

Do not use this space.

19748

1. PLACE OF DEATH

County Jackson Registration District No. 404
Township Washing Primary Registration District No. 5358
City Kansas City (No. Armour Memorial Home)
St. _____ Ward _____

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME

Levi W. Hull

(a) Residence, No. Armour Memorial Home 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1844

7. AGE YEARS 91 MONTHS 10 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Lancaster (STATE OR COUNTRY) Pennsylvania

MOTHER FATHER 13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY) No record

17. INFORMANT Miss A. H. Cannon (ADDRESS) 3911 Holmes St., Kansas Cy., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE May 18, 1936

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED May 16 1936 Fred Lindberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1934, to May 15, 1936
I last saw h.i.m. alive on May 15, 1936 Death is said to have occurred on the date stated above, at P. m. 3:25
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 1935
Other contributory causes of importance: Bilateral hypostatic pneumonia 512.36

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) F. B. Wallace, M. D.
(Address) 703 Hathorn Bldg.

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.

MARGIN RESERVED FOR BINDING

M-3-25-35

Dr. Francis H. ...