

DEC 18 1936

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

Do not use this space.

40705

1. PLACE OF DEATH

County

Clay

Registration District No.

198

Township

F.R.

Primary Registration District No.

301

City

Excelsior Springs - Elms Hotel.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence No.
(Usual place of abode)Mark Levy
Elms Hotel.

St.

Ward.

Hastings Nebr
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 13 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Aline Levy

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

Dec 15-1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

82

10

17

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.

Merchant

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)

Germany

13. NAME

David Levy

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

Germany

15. MAIDEN NAME

Unknown

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

Unknown.

17. INFORMANT

Phil Pfizer
Grand Island Nebr.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hastings Nebr DATE Nov 2 1936

19. UNDERTAKER
(ADDRESS)John C. Pather
Excelsior Springs Mo.

20. FILED

11-2-1936 Mrs. R. McEwen
Registrar.

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

Nov 2 1936

22. I HEREBY CERTIFY That I attended deceased from

Oct 29 1936, to Nov 2 1936

I last saw him alive on Nov 2 1936 Death is said
to have occurred on the date stated above, at 3:15 p.m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Angina Pectoris
Coronary Thrombosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury

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)

(Address)

H. J. James
Excelsior Springs, Mo.

M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

