

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Box
City (No. _____) _____

Registration District No. 169
Primary Registration District No. 5228

File No. 37397
Registered No. 55

2. FULL NAME

U Grant Levitt

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Levitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1869

7. AGE YEARS 68 MONTHS 6 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Mo

13. NAME L. J. Levitt

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

15. MAIDEN NAME Brigella Thomas

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

17. INFORMANT Mrs Stella Levitt (ADDRESS) Edwards Spring, Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Reston Cem DATE 10-5-1937

19. UNDERTAKER Dwinn Siders (ADDRESS) Edwards Spring, Mo

20. FILED 10-5-1937 J. Dawson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-4-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1937 to Oct 4 1937

I last saw him alive on Oct 4 1937 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Angina Pectoris Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? 942 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) L. J. Dawson, M. D.

(Address) Edwards Spring, Mo

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

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