JAN 17 1938

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

Do not use this space.

44279

1. PLACE OF DEATH
County JACKSON
Township ITAW
City KANSAS CITY (No. TRINITY LUTHERAN HOSP St. Ward)

Registration District No. 399 2
Primary Registration District No. 1002

File No.
Registered No. 5182

2. FULL NAME Levin E. Lorenz
(a) Residence, No. HOOKER, OKLA 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. 14 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 LEOLA LORENZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1906

7. AGE — YEARS: 31 — MONTHS: 5 — DAYS: 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SWIFT & CO
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) OKLA. V

FATHER
13. NAME AUGUST LORENZ
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS V

MOTHER
15. MAIDEN NAME TERESA EHRLICH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS V

17. INFORMANT MRS LEOLA LORENZ
(ADDRESS) HOOKER OKLA

18. BURIAL, CREMATION, OR REMOVAL
PLACE HOOKER DATE DEC, 24 '37

19. UNDERTAKER D. W. NEWCOMER'S
(ADDRESS)

20. FILED Dec 23, 1937 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937, to Dec 23, 1937
I last saw him alive on Dec 23, 1937. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis — Date of onset

19 | 21

Other contributory causes of importance:
Gangrenous appendicitis
Post operative hemorrhage

Name of operation appendectomy Date of 12-13-37
What test confirmed diagnosis? operation Was there an autopsy? yes

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) Geo E Kampmeyer, M. D.
(Address) 934 Argyle Bldg Kansas City, Mo

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.

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