REC'D JUL 14 193

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

Do not use this space.

85

21389

1. PLACE OF DEATH
County: Buchanan
Registration District No.: 85
Township:
Primary Registration District No.: 1001
City: St. Joseph Mo. No.: St. Hospital #2 St.: Ward:
File No.:
Registered No.: 647

2. FULL NAME: Sam Lavy (Love)
(a) Residence, No.: 1002 South 11th St. St.: St. Joseph Mo. 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Est 1902

7. AGE: Years 36 | Months ? | Days ? | 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.:
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): Russia

FATHER
13. NAME: Joe Lavy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Elizabeth Gryskowske
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT: Stella Lavy Richards
(ADDRESS): St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shaare Shalom DATE: June 21 1938

19. UNDERTAKER: Fleeman & Son
(ADDRESS): 1104 Calhoun St

20. FILED: 6/21 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 14 1938 to June 20 1938
I last saw ~~him~~ alive on June 20 1938. Death is said to have occurred on the date stated above, at 2:50 m.
The principal cause of death and related causes of importance were as follows:

Accidental Traumatism by fall from moving truck. — Date of onset 6/16/38

Other contributory causes of importance: 7 1 0 3.

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? Denied

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 16, 1938
Where did injury occur? St. Joseph Buchanan Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury: Fell from moving truck
Nature of injury: Accidental wound

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) [illegible], M. D.
(Address) St. Hospital #2.

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.