

NOV 8 1936

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

Do not use this space.

37485

## 1. PLACE OF DEATH

County Harris Registration District No. 347  
Township Honey Creek Primary Registration District No. 5491  
City Clinton (No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Albert Lee Levy  
(a) Residence, No. Seequaster St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Mo

(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 Susan Ann Levy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1871

7. AGE YEARS 65 MONTHS 8 DAYS 8 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 Life

12. BIRTHPLACE (CITY OR TOWN) Henny Co. (STATE OR COUNTRY)

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. John Bird (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunning Cemetery DATE Oct 27 1936

19. UNDERTAKER Wm. C. Wilkinson (ADDRESS) Clinton Mo

20. FILED 10-27 1936 J. R. Hampl Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23 1936

22. I HEREBY CERTIFY, That I have attended deceased from Oct 23rd 1936 to Oct 27th 1936

I last saw him alive on Oct 23rd 1936. Death is said to have occurred on the date stated above, Just hours how.

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

Found lying on floor of garage by his family. Heard inquestable from an apoplectic attack. (Date of onset \_\_\_\_\_)

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1936

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Henny County, Mo. R.F.D.

Manner of injury Stroke

Nature of injury Stroke

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

Signed M. J. Jennings M.D. (Address) Clinton, Mo.

Signed J. R. Hampl Registrar (Address) Clinton, Mo.

MARGIN RESERVED FOR BINDING

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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