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

Do not use this space. 27638 ✓ 3323

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City Mo (No. 1728 Montgall St. ..... Ward)

2. FULL NAME Levi Cubine
(a) Residence. No. 1728 Montgall St., 11 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: none.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 4-1873
7. AGE: Years 56, Months 6, Days 27. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: War Veteran
(b) General nature of industry, business, or establishment in which employed (or employer): Spanish-American
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois
PARENTS
10. NAME OF FATHER: Henry Cubine
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): West Virginia
12. MAIDEN NAME OF MOTHER: Martha Nyman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): West Virginia
14. INFORMANT: Mrs Florence Pope
(Address) 3310 E 49
15. FILED 8-3, 1929 M. M. Crane asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug-1- 1929
17. I HEREBY CERTIFY, That I attended deceased from 1.5 ....., 1929, to 8.1 ....., 1929, that I last saw him alive on July 31, 1929, and that death occurred, on the date stated above at 9 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 129a
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. R. Hall, M. D.
8-1-, 1929 (Address) 626 Lathrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elmwood Cemetery — DATE OF BURIAL: Aug 3 1929
20. UNDERTAKER: A P Doehler — ADDRESS: 1415 E 15

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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