

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County <u>Green</u>			Registration District No. <u>318</u>	File No. <u>9000</u>	
Township _____ or _____			Primary Registration District No. <u>2001</u>	Registered No. <u>100</u>	
Village _____ or _____			City <u>Springfield</u> (NO. <u>1812</u> <u>Boulevard</u> St. <u>7</u> Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <u>Nutchie Lelwin</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	DATE OF DEATH <u>Feb 24</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Aug 11</u> , 19 <u>28</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Feb 5</u> , 191 <u>2</u> , to <u>Feb 24</u> , 191 <u>2</u> , that I last saw him alive on <u>Feb 20</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>12</u> m.			
AGE <u>83</u> yrs. <u>6</u> mos. <u>14</u> ds.	If LESS than 1 day, ____ hrs. or ____ min.?		The CAUSE OF DEATH* was as follows: <u>162</u> <u>Infirmity</u> <u>of</u> <u>old age</u> (Duration) yrs. ____ mos. ____ ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Taylor</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>6-05</u>			Contributory <u>Old age</u> (SECONDARY) (Duration) yrs. ____ mos. ____ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Germany</u>			(Signed) <u>[Signature]</u> M. D. <u>Mar 29</u> , 191 <u>2</u> (Address) <u>492 W. 11th St.</u>		
PARENTS	NAME OF FATHER <u>Unknown</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	MAIDEN NAME OF MOTHER <u>Unknown</u>		At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>		Where was disease contracted if not at place of death? _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Anna Lelwin</u>			Former or usual residence _____		
(ADDRESS) <u>Springfield, Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Maple Park</u>		DATE OF BURIAL <u>Feb 29</u> , 191 <u>2</u>
Filed <u>Mar 29</u> , 191 <u>2</u> <u>J. B. Emmon</u> REGISTRAR			UNDERTAKER <u>W. F. Major & Co</u>		ADDRESS <u>City</u>

