

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

Do not use this space.

Camp
4024

1928

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2901
 City Springfield (No. 769 C Walnut) St. Walnut (Ward)

2. FULL NAME Moses Levy
 (a) Residence. No. 769 C Walnut St. Walnut Ward. Walnut
 (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. (If nonresident give city or town and State)

File No. _____
 Registered No. 130
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Mar
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 | 8 | 6

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19-1928
 17. I HEREBY CERTIFY That I attended deceased from Feb 17 1928, to Feb 28 1928
 that I last saw him/her alive on Feb 17 1928, and that death occurred on the date stated above, at 12 midnight

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Memoria
131
127B
132B
 CONTRIBUTORY Chromy Nephritis (duration) _____ yrs. _____ mos. _____ ds.
Cerebral (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

18. WERE WAS DISEASE CONTRACTED 1290 IS NOT AT PLACE OF DEATH No

19. DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
 WAS THERE AN AUTOPSY. _____
 WHAT TEST CONFIRMED DIAGNOSIS? James E Dewey (Signed) _____, M. D.
 19 _____ Address) SPRINGFIELD, MO.

*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.

14. INFORMANT Solo Wolf (Address) Springfield Mo

15. FILED 2-21-28 O. Horst REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Temple Israel Cem DATE OF BURIAL 2-22-1928

20. UNDERTAKER Alma Schueper ADDRESS 534 St Louis

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.

