

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

Do not use this space.

36273

PLACE OF DEATH

County Chariton
Township Bowling Green
City near Dalton (No. St. Ward)

Registration District No. 169
Primary Registration District No. 5236

File No.
Registered No. 51

2. FULL NAME

Christine Goldburg

(a) Residence. No. St. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-29-1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | 11 | 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer -

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

10. NAME OF FATHER Chas. Kerff

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

12. MAIDEN NAME OF MOTHER Mrs. Kerff

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

14. INFORMANT Chas. Brandt
(Address) Brunswick Mo

15. FILED 12/27 1927 Harry E. Tatum REGISTRAR
128

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-27-1927

17. I HEREBY CERTIFY, That I attended deceased from June 1 to Dec 20, 1927 that last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 12 noon.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous nephritis - 121
1290 97H (duration) 5 yrs. - mos. - ds.
Cardiac Valvular insufficiency (duration) 12 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, not

0 DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Harry E. Tatum, M. D.
12/28, 1927 (Address) Brunswick 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brunswick Mo DATE OF BURIAL Dec 30 1927

20. UNDERTAKER L. W. Hensel Brunswick Mo

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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