V 22 1928

28059-a

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

Do not use this space.

28059-a

1. PLACE OF DEATH
County: Newton — Registration District No.: 1046
Township: Sheal Creek — Primary Registration District No.: 0506
City: Spring City — Registered No.: 31
(Ward, St., No.)

2. FULL NAME: Noah Kaufman

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nora Kaufman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jul 19 1878

7. AGE: Years 50 | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Noah Kaufman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pendyma
12. MAIDEN NAME OF MOTHER: Harriet Watkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: C. E. Kaufman
(Address): Joplin Mo

15. FILED: 9-1 1925 J. W. Thurman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1928, to Aug 27 1928, that I last saw him alive on Aug 25 1928, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23H (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 31
..... (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) R. G. Duncan, M. D.
Aug. 1928 (Address) Seneca, 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: Fairview Cem — DATE OF BURIAL: 8/27 1928

20. UNDERTAKER: Hurlbut Und Co — ADDRESS: Joplin 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.