

MAR 25 1930

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

Do not use this space.

4305

5

1. PLACE OF DEATH

County... Cape Girardeau
Township... Hill
City... Newburg, Mo.

Registration District No. 126
Primary Registration District No. 5174 B

File No.
Registered No.
St. Ward)

2. FULL NAME

Jacob Gluckshteyn
(a) Residence No. 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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Lindner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25 - 1948

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
81 11 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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 Jacob Gluckshteyn Sr.

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

12. MAIDEN NAME OF MOTHER Frieda Loeffel

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

14. INFORMANT J. H. Kestner (Address) Jackson 2nd

15. FILED 2/21 1930 Newburg, Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 14 - 1930, 19, to Feb 20 - 1930 that I last saw him alive on Feb 12 - 1930, and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Acute
92 P.M.
10 P.M.
7 P.M. (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Mitral Regurgitation with Anemia (duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH

9 DID AN OPERATIVE RECORD EXIST? DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. W. Ford, M. D. 19 (Address) Newburg, 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 DATE OF BURIAL
Gion Lutheran Cemetery Feb 23 1930

20. UNDERTAKER ADDRESS
McComb Funeral Home Co. Jackson, 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.

