

MAR 24 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5279

1. PLACE OF DEATH

40 County Henry
 Township Clinton
 City Clinton (No.)

Registration District No. 347
 Primary Registration District No. 3018

File No.
 Registered No. 29
 St. Ward

12. FULL NAME Miss Haimir Epiner Goldsmith

(a) Residence. No. 302 E Green 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>7</u>	4. COLOR OR RACE <u>N</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Mcdivorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Goldsmith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 14 1846</u>		
7. AGE <u>84</u>	YEARS <u>6</u>	MONTHS <u>14</u>
		DAYS <u>14</u>
		IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

in own home

(c) Name of employer

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

Ravitchi Posen Germany

PARENTS

10. NAME OF FATHER

Don't know

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

Posener Province of Posen Germany

12. MAIDEN NAME OF MOTHER

Haimir Epiner

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

Posener Province of Posen Germany

14. INFORMANT Miss Ernestine Goldsmith
 (Address) Clinton Mo

15. FILED 3/2 19 31 Ed C. Peelow
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-15, 1931, to 2-28, 1931, that I last saw him alive on 2-27, 1931, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

influenza
11B

162 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY)

11B (duration) yrs. mos. ds.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. S. Walper, M. D.2-28, 1931 (Address) Clinton 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

Sedalia MoMar 2 1931

20. UNDERTAKER

ADDRESS

Spore Boy Clinton - Mo

N.B.—Every item of information should be carefully checked, not only to secure accuracy, but also to secure completeness. If any item is omitted, the statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

