

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

Do not use this space.

14617

1. PLACE OF DEATH

County Jacobs Registration District No. 411
 Township Galena Primary Registration District No. 2002
 City Joplin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Benjamin Rothschild

(a) Residence, No. 221 1/2 Sargy 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ether Rothschild

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 16 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 - 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 171

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buying and selling second hand goods

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York ?

13. NAME Harris Rothschild

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithanga Russia

15. MAIDEN NAME Fanny Levy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithanga Russia

17. INFORMANT (ADDRESS) Lee Rothschild Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope Cem DATE Apr. 27 1931

19. UNDERTAKER (ADDRESS) Frank Sievers Co Joplin Mo

20. FILED Apr 27 1931 Ab Deason Clerk Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1931

22. I HEREBY CERTIFY, that I attended deceased from May 1926 to April 26 1931
 I last saw him alive on April 26 1931 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris
Chronic nephritis
Diabetes

Other contributory causes of importance:
59
131
94A 59

Name of operation Tribone Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____

(Signed) Frank Sievers, M. D.

(Address) Joplin Mo

MAY 25 1931

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.

