

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

21455

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. St. Lukes' Hosp.) Registered No. 2590  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Herrington Goldstein  
 (a) Residence, No. 3808 Bellfontaine St. 16 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Goldstein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20, 1896</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>9</u>
	DAYS <u>22</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Huckster</u>	11. Total time (years) spent in this occupation <u>13 yrs</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Produce</u>	
	10. Date deceased last worked at this occupation (month and year) _____	

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to June 11, 1931.  
 I last saw him alive on June 11, 1931. Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver  
H6P  
H6E  
H6F  
 Other contributory causes of importance:  
Probable carcinoma of pancreas  
 Date of onset May 1  
 6 m.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	13. NAME <u>Morris Goldstein</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	15. MAIDEN NAME <u>Sarah Sokol</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	17. INFORMANT <u>Aryie Goldstein</u> (ADDRESS) <u>N. C. St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheffield</u> DATE <u>6-12-1931</u>	
19. UNDERTAKER <u>J. P. Lewis</u> (ADDRESS) <u>N. C. St.</u>	
20. FILED <u>6/12</u> , 19 <u>31</u> <u>M. M. Crowl</u> Registrar.	

Name of operation \_\_\_\_\_ 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. A. Brewster M. D.  
 (Address) 717 Weddle St. B. B. 19

