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.

25222

1. PLACE OF DEATH
County Jackson — Registration District No. 395 — File No. 25222
Township Kaw — Primary Registration District No. 1002 — Registered No. 5222
City Kansas City (No. St Joseph Hosp. St. Ward)

2. FULL NAME Samuel Goldstein
(a) Residence, No. 2545 Tracy St., 47 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: Nina Goldstein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1, 1864.
7. AGE: YEARS 67 — MONTHS 6 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Russia

FATHER
13. NAME: Marcus Goldstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Serene Goldstein, 2545 Tracy
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Cem. DATE July 27, 1931
19. UNDERTAKER (ADDRESS): J.P. Louis Funeral Home, Kansas City Missouri.
20. FILED 7-27-, 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1931
22. I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to July 26, 1931
I last saw him alive on July 25, 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary embolism — Date of onset 7/25/31
117A 117A 111A
Other contributory causes of importance:
Perforated gastric ulcer
Name of operation Closure of perforation Date of July 20
What test confirmed diagnosis? Clinical 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) J. Park Mae, M. D.
(Address) 734 Argyle Bldg Kansas City Mo

Mr J Park Neal