

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.

NOV 23 1931

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

Do not use this space.

33668

1. PLACE OF DEATH 35
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph, Mo. (No. Missouri Methodist Hospital St. _____ Ward _____)
 Registered No. 1063

2. FULL NAME Harry Goldstein
 (a) Residence, No. 725 South 10th 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) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown about 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>58</u>	<u>unknown</u>	<u>unknown</u>	

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

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) unknown

MOTHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Sara Goldstein
(ADDRESS) St. Joseph

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Shesh Sholem DATE 10-18 1931

19. UNDERTAKER Therman Fungol Bone
(ADDRESS) 220 Calhoun

20. FILED 10-18 1931 John R. Berdick
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1931

22. I HEREBY CERTIFY, that I attended deceased from Oct 17, 1931, to Oct 17, 1931
 I last saw him alive on Oct 17 p., 1931. Death is said to have occurred on the date stated above, at 2.00 a. m.
 The principal cause of death and related causes of importance were as follows:
82A. Appoplexy
91
102
103
 Other contributory causes of importance:
Hard Arterio-sclerosis
and high blood pressure

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physiend Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. Kuysser, M. D.
 (Address) 419 Kirkpatrick

