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.

NOV 21 1932

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 31444
Township — Primary Registration District No. 1001 — Registered No. 946
City St Joseph, Mo. (No. 2234 South 10th St. Ward)

2. FULL NAME Samuel Fine
(a) Residence, No. 2234 South 10th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: W. Jew
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Musel Fine
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1869
7. AGE: YEARS 63 — MONTHS — DAYS Unknown — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 165
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 23 Russia

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

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

17. INFORMANT (ADDRESS): Musel Fine St. Joseph, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shaare Sholem DATE Oct. 2 1932
19. UNDERTAKER (ADDRESS): Fleeman Funeral Home Inc St Joseph Mo
20. FILED Oct 1 1932 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 1, 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1932, to Sept 30th, 1932
I last saw him alive on Sept 30, 1932. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Stomach | Unk |
| 46B 46B | |

Other contributory causes of importance: —
none (1)

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) Frederick E. Gosen, M. D.
(Address) 720½ Francis