

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

Do not use this space.

11504

APR 25 1934

PLACE OF DEATH
 County Saline Registration District No. 796
 Township Marshall Primary Registration District No. 3038
 City Marshall (No.) St. Ward)
 FULL NAME Bessie Goldstein
 (a) Residence. No. 100 State School St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. 3 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 31
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1923
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 9 15
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —
 9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Jackson Co Mo
 10. NAME OF FATHER Lewis Goldstein
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia
 12. MAIDEN NAME OF MOTHER Sophia Friedlander
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Russia
 14. INFORMANT Hospital Record
 (Address) Marshall

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1 1934
 17. I HEREBY CERTIFY, That I attempted deceased from 11-10-1929, 19... to March 1, 1934 that I last saw him alive on March 1, 1934 and that death occurred, on the date stated above, at 9:40 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (lobar)
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) H. H. Peoples, M. D.
 Address Marshall
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Kansas City, Mo 3/3/ 1934
 20. UNDERTAKER ADDRESS
J. P. Lewis Kansas City, Mo
W. W. Campbell, Marshall, Mo

15. FILED 3/2/34 Walter J. ... REGISTRAR

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.

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

