

MAY 25 1934

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

Do not use this space.

15449

1. PLACE OF DEATH  
County Stoddard Registration District No. 838  
Township Blk. Liberty Primary Registration District No. 60983  
City (No.) St.  Ward

2. FULL NAME Ralph Jennings Goldsmith  
(a) Residence, No.  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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
15 3 14

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy  
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) Bernie Mo.

FATHER  
13. NAME John Ollie Goldsmith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo

MOTHER  
15. MAIDEN NAME Elsie Hampton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

17. INFORMANT Ollie Goldsmith  
(ADDRESS) Dexter Mo R 1

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bernie, Mo. DATE Apr 18 1934

19. UNDERTAKER Wale Blankenship  
(ADDRESS) Dexter Mo.

20. FILED 5-10 1934 Alie L. Norman  
Dexter Mo. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 10 1934 to Apr 16 1934  
I last saw him alive on Apr 16 1934. Death is said to have occurred on the date stated above, at 4:22 p.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:  
Measles

Name of operation  Date of   
What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury , 1934  
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?  
If so, specify   
(Signed) J. F. Kiddle, M. D.  
(Address) Bernie, Mo.

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.

