

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

12 County Butter
Township Neelyville
City Neelyville (No. Henry)

Registration District No. 88
Primary Registration District No. 5730

File No. 15832
Registered No. 25
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Mary Goldschmidt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-24-1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 63 - 1 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Velmore, Ill.
(STATE OR COUNTRY) Missouri

13. NAME John Goldschmidt Sr.

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Minnie Goldschmidt
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Neelyville DATE 3-23-1937

19. UNDERTAKER Minnie Gish
(ADDRESS) Neelyville

20. FILED 3-22-1937 J. L. Turner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to March 21, 1937
I last saw him alive on March 19, 1937. Death is said to have occurred on the date stated above, at 12.2 p. m.
The principal cause of death and related causes of importance were as follows:

myocarditis with
myocardial degeneration (Date of onset 1934)
Other contributory causes of importance: Neuritis mellitus (Date of onset 1937)

Name of operation none Date of _____
What test confirmed diagnosis? urinalysis 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) Hewlett M. D.
(Address) Neelyville

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.

