

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

Do not use this space.

1. PLACE OF DEATH JUL 17 1937
 County BUCHANAN Registration District No. 55
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH (No. 404 S. 15th) St. _____ Ward _____
2. FULL NAME ABE GOLDMAN
 (a) Residence, No. 404 SOUTH 15TH ST. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 19505
 Registered No. 597

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE **4. COLOR OR RACE** WHITE **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HUSBAND OF AUGUSTA
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 20, 1865
7. AGE YEARS 72 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED MERCHANT
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) UNK **11. Total time (years) spent in this occupation** UNK
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN RUSSIA
13. NAME LAWR ENCE GOLDMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN RUSSIA
15. MAIDEN NAME SARAH UN KNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
17. INFORMANT (ADDRESS) AUGUSTA GOLDMAN, WIFE 404 SO. 15TH ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE SHAARE SHOLEM DATE MAY 23, 1937
19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH MO.
20. FILED May 23 1937 H. J. Kelleher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 20, 1937, 19
22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1937, to 5/20, 1937
 I last saw h. IM. alive on 5/20, 1937 Death is said to have occurred on the date stated above, at 11:45 P.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic Date of onset 1935
Diabetes melitus 1930
 Name of operation None Date of _____
 What test confirmed diagnosis? Epan Was there an autopsy? Yes
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 E
 Nature of injury E
24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) M. H. Galt, M. D.
 (Address) 508 Corby Bldg St. Joseph Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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 EXPANDING INK—THIS IS A TEST. I X7044

