

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.

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

Do not use this space.

37470

File No. _____
Registered No. 117 _____
No. _____ St. _____ Ward _____

1. PLACE OF DEATH

County Henry
Township _____
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

2. FULL NAME

Caroline Theresa Goldsmith
(a) Residence, No. 302 E Green 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 Female 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 20, 1872

7. AGE YEARS 59 MONTHS 9 DAYS 19 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
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) Clinton (STATE OR COUNTRY) Mo

13. NAME Jacob Goldsmith

14. BIRTHPLACE (CITY OR TOWN) Quincy (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nannie Epines

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

17. INFORMANT Ernestine Goldsmith (ADDRESS) 302 E Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE Nov 20 1931

19. UNDERTAKER Spare & Son (ADDRESS) _____

20. FILED 11/18 1931 Ed C. Peeler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1931, to Dec 17, 1931
I last saw him alive on Dec 17, 1931. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Tuber Pneumonia Date of onset 11-12-31

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1931
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) E. C. Peeler, M. D.
(Address) Clinton

DEC 22 1931

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