

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

Do not use this space.

5812

MAR 21 1936

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Star Primary Registration District No. 1002
 City Kansas City (No. 2910 E 29th) St. _____ Ward _____

2. FULL NAME Annie Goldberg
 (a) Residence, No. 2910 E 29th 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 - 1853

7. AGE YEARS 82 MONTHS 7 DAYS 17 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Leavenworth Kans.

MOTHER 13. NAME Isaac Jacobs

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER 15. MAIDEN NAME Minnie Saffer

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Miriam Goldberg
 (ADDRESS) 2910 E 29th

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cem. DATE Feb. 7 1936

19. UNDERTAKER Carroll Davidson Lingo
 (ADDRESS) 3024 Front ave
76 36 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31 1932 to Febr. 5 1936
 I last saw h. ed. alive on January 28 1936. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Hypertension Heart Date of onset years ago
9 yrs

Other contributory causes of importance:
auricular fibrillation and
myxoma pectoris

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____ 1936
 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) J. Wolf, M. D.
 (Address) 620 Ogden Bldg

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.

