

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Ind
City Kennett (No. _____)

Registration District No. 288
Primary Registration District No. 4172

File No. 6629
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs. Flora Mae Goldsmith

(a) Residence, No. 406 Ballard 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 4 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 3 27

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

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) Missouri

13. NAME Dick Travis

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

15. MAIDEN NAME Sarah Cooper

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

17. INFORMANT W. D. Goldsmith (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory DATE 2-3 1938

19. UNDERTAKER Emerson Bryan (ADDRESS) Kennett, Mo.

20. FILED 2-7 1938 Walter Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Feb 2 1938
I last saw her alive on Feb 2 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:
Pneumonia Toxica Date of onset Jan 29

108

Other contributory causes of importance:
Slow Birth to a child on Jan 9 - 38. Sept Gang collapsed 1931

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 _____, 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? 3
If so, specify _____

(Signed) George Gilmor D.D. M.D.
(Address) Kennett, Mo.

150 a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6629
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
 (b) Township _____ Primary Registration District No. 4172 Registered No. _____
 (c) City Kennett (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Flora Mae Goldsmith

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED July 19 1938 Geo. W. Gilmore, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1938

22. I HEREBY CERTIFY, That I attended deceased from

18__ to 19__
 I last saw h. alive on 19__ Death is said to have occurred on the date stated above, at __ m.

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

Pneumonia - Locur Date of onset 108

Other contributory causes of importance:

Gave birth to a child on Jan 26, 1938. Left lung collapsed 1934. Due to infection after tooth pull. Had been infected in lung while in hospital.

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?

If so, specify George Gilmore, Jr. M. D. O.

(Signed) Kennett Mo (Address)

SUPPLEMENTARY

6629