REC'D JUN 9 1938

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

17678
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township Columbia
(c) City Columbia
Registration District No. 73
Primary Registration District No. 3006
Registered No. 109
(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 Robert Lee Goldman 435
(a) Residence, No. 203 N. 3rd St St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-4, 1938
7. AGE: Years Stillborn; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

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) Columbia 0
(STATE OR COUNTRY) Missouri

FATHER
13. NAME James Goldman 0
14. BIRTHPLACE (CITY OR TOWN) Columbia 0
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Romey Bickner
16. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

17. INFORMANT James Goldman
(ADDRESS) Columbia Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Cemetery DATE 6-9- 1938
19. FUNERAL DIRECTOR Street P. Parker
(ADDRESS) Columbia Missouri
20. FILED 5/9/ 1938 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19....
I last saw h alive on ....19.... Death is said to have occurred on the date stated above, at 6:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	5-4-38
Child died by dis-	
ceptive T. & pane	
befika.	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) W. K. Armstrong, M. D.
(Address) Columbia, Mo

74

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Steven H. Parker, Licensed Embalmer No. 2900

hereby certify that the body recorded on the reverse side of this certificate was not embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Steven H. Parker

Licensed Embalmer No. 2900

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)