

REC'D JUN 8 1938

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

17858
Do not use this space.

1. PLACE OF DEATH *Caldwell* 2
(a) County *Caldwell* Registration District No. *94*
(b) Township *Breckenridge* Primary Registration District No. *4658* Registered No. _____
(c) City *Breckenridge* (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred *3* yrs. mos. ds. (f) How long in U. S., if of foreign birth? *432* yrs. mos. ds.

2. PRINT FULL NAME *George William Goldsby*
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 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 *Rosaline Goldsby*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 3 1879*

7. AGE YEARS *56* MONTHS *10* DAYS *23* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Day Labor*
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) *Mercer Co MO*

FATHER 13. NAME *John Goldsby* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

MOTHER 15. MAIDEN NAME *Mary Roberts* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mercer Co MO*

17. INFORMANT (ADDRESS) *Herman Goldsby Breckenridge MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Coon Cemetery* DATE *May 28 38*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *A. McBethson Breckenridge MO*

20. FILED *May 27 1938* *A. R. Wilson MD* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 26th 1938*22. I HEREBY CERTIFY, That I attended deceased from *Jan. 2nd* 19*38*, to *May 26th* 19*38*I last saw him alive on *May 26th* 19*38*. Death is said to have occurred on the date stated above, at *12 M.*

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

Chronic Interstitial nephritis

Date of onset

May 26th 1937

Other contributory causes of importance:

Chronic Endocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? *Symptoms* 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) *A. R. Wilson*, M. D.(Address) *Breckenridge, MO.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Ernest McPeak

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Ernest McPeak

Licensed Embalmer No.

3713

P. O. Address

Breckinridge

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

If this body is not embalmed, above space should be left blank: