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

JUN 15 1939

Do not use this space.

18544

1. PLACE OF DEATH
County: Dunklin | Registration District No.: 788
Township: | Primary Registration District No.: 5406
City: Kennett (No. RFD II St. Ward)

File No.:
Registered No.:

2. FULL NAME Baby Girl Goldsmith

(a) Residence, No. 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: F
4. COLOR OR RACE: W
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): 5-23-39

7. AGE: Years | Months | Days | If LESS than 1 day hrs. or min.
Stillborn

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kennett, Mo

FATHER
13. NAME: Robt. F. Goldsmith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER
15. MAIDEN NAME: ~~Bess~~ Flossie Burch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Robt. F. Goldsmith

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cemetery DATE: 5-25-1939

19. UNDERTAKER (ADDRESS): Shelby Funeral

20. FILED: 6-6 1939 Mrs. Dora [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 5-23-1939, to 5-23-1939
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:
Stillborn

Date of onset

Other contributory causes of importance:

Name of operation 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) L. A. Kerr, M. D.
(Address) Kennett, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

20M-2-19-36 I X7204

RECEIVED
District Health Officer No. 3,
District File Number 39-366
Date Filed JUN 9 1939