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

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.

REC. APR 22 [illegible]

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No. 12200
Township — Primary Registration District No. 3038 — Registered No. 45
City Marshall (No. ..... St. ..... Ward)

2. FULL NAME Jerome Samuel Gottlieb 341
(a) Residence, No. MO State School St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
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) Dec 6, 1911
7. AGE YEARS 26 MONTHS 3 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

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 —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER
13. NAME Herman Bernard Gottlieb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Russia

MOTHER
15. MAIDEN NAME Rose Lina Fleisches
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Riga Russia

17. INFORMANT (ADDRESS) School Record Marshall

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo DATE Mch 11, 1938

19. UNDERTAKER (ADDRESS) Short & McCrary Marshall, Mo

20. FILED 3-10-1938 Mary Kent Deputy Registrar. 12

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1928, to March 10, 1938
I last saw him alive on March 9, 1938. Death is said to have occurred on the date stated above, at 5:15 a m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis — Date of onset
Other contributory causes of importance: 22 No
Name of operation None Date of —
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) H. H. Maples, M. D.
(Address) Marshall

