

STATE OF NEBRASKA

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DATE OF ISSUANCE

OCT 01 2013

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
 STANLEY S. COOPER  
 ASSISTANT STATE REGISTRAR  
 DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES

Department of Commerce and Labor  
 BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH  
 State of Nebraska

9080

Registered No. 128

1 PLACE OF DEATH

County *Douglas*  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City *Omaha* (No. *Wise Memorial* Ward)

2 FULL NAME

*Sarah Moskowitz* *M-213*

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced *Married*  
 (Write the word)

16 DATE OF DEATH *Nov. 16* 191*4*  
 (Month) (Day) (Year)

6 DATE OF BIRTH *March 28* 191*7*  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191 to 191

7 AGE *37* yrs. *7* mos. *16* ds. **IF LESS than 1 day, hrs. or min.?**

that I last saw h. alive on 191 and that death occurred, on the date stated above, at m.

8 OCCUPATION (a) Trade, profession or particular kind of work *housewife* (b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows: *Influenza of uterus*  
 (duration) yrs. mos. ds.

9 BIRTHPLACE (State or country) *Cleveland Ohio*

Contributory (Secondary) (duration) yrs. mos. ds.

10 NAME OF FATHER *Jacob Klein*

(Signed) *A. Roman* M. D.

11 BIRTHPLACE OF FATHER (State or country) *Austria*

191 (Address)

12 MAIDEN NAME OF MOTHER *unk*

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) *Austria*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

Where was disease contracted, if not at place of death? Former or usual residence

15 Filed *Priority* *Dec. 31* 191*4* REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Persant Hill* DATE OF BURIAL *11/8* 191

20 UNDERTAKER *S. Dodder* ADDRESS *Omaha*

on back of certificate.