

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.

JAN 28 1929

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

Do not use this space.

43903

1. PLACE OF DEATH

County Washington
Township Union
City Union (No. _____)

Registration District No. 887
Primary Registration District No. 6182

File No. _____
Registered No. 117
St. _____ Ward _____

2. FULL NAME

Mrs Rosie Golden

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Pete Golden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-25-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 2 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Adrian
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Nary Coleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Adrian
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Paisa Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adrian
(STATE OR COUNTRY) Mo

14. INFORMANT S. O. Boyer
(Address) Tiff, Mo.

15. FILED 12/28, 1928
J. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Dec 28, 1928, that I last saw her alive on Nov 22, 1928, and that death occurred, on the date stated above, at 2:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

237 Pulmonary tuberculosis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. F. Cresswell, M. D.
Dec 25, 1928 (Address) Potosi Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tiff Mo. DATE OF BURIAL 12/27 1928

20. UNDERTAKER F. B. Boyer ADDRESS Potosi Mo.

