

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

Do not use this space.

20228

JUL 24 1930

1. PLACE OF DEATH

County Demascat
Township _____
City Hayti (No. _____)

Registration District No. 653
Primary Registration District No. 4390

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME

Not Named. (Fealden)
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, 8 hrs. or _____ min.
	<u>0</u>	<u>0</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Hayti mo.
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>J. W. Golden</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Greenwell</u> (STATE OR COUNTRY) <u>ok.</u>
	12. MAIDEN NAME OF MOTHER <u>Minnie Horner</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Belmont</u> (STATE OR COUNTRY) <u>mo.</u>

14. INFORMANT J. W. Golden
(Address) Hayti mo

15. FILED 6-18-1930 J. W. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-18 1930

17. I HEREBY CERTIFY, That I attended deceased from Born 6-17, 1930, to 6-18, 1930
that I last saw h. in alive on 6-18, 1930, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth (6 mo)
159 / 16 / 1
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. W. Rhodes M. D.
6-18-1930 (Address) Hayti 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 DATE OF BURIAL

Greenway ok. June 18 1930
ADDRESS

20. UNDERTAKER Hugh Horner Hayti mo

WRITE 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.

