

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

Do not use this space.

39648

1. PLACE OF DEATH U.S.V.Hosp.
 County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 1002 Registered No. 5200
 City Kansas City, Mo. (No. W.D. Veterans Hosp St. _____ Ward)

2. FULL NAME GOLDER, George Edward C-1 558 697 SPEW
 (a) Residence No. 1533 Henry St. St. _____ Ward Pvt. SATC St. Louis, Mo.
 (Usual place of abode) St. Joseph, Mo. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Golder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 27, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	33	11	1	

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records.
 (Address) W.D. Veterans Hosp

15. FILED 12/29, 1930 M. M. Brown REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from December 12 1930, to December 28 1930 that I last saw him alive on December 28 1930, and that death occurred, on the date stated above, at 9:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pul. chr. advanced, active.
23A
 _____ (duration) 1 yrs. or more. mos. ds.

18. WHERE WAS DISEASE CONTACTED _____
 IF NOT AT PLACE OF DEATH Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. X-ray & Lab
 (Signed) W.D. Chambers M. D.
W.D. Chambers, Med. Officer in Charge.
W.D. Veterans Hospital, Kansas City, 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 Dec 30 1930

20. UNDERTAKER Freeman Mortuary ADDRESS K.C. 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.

