

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.

AUG 14 1935

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

Do not use this space.

22472

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Veterans Administration Facility, Excelsior Springs, Mo. St. 3d Ward

File No. _____
Registered No. _____

2. FULL NAME GOLDEN, Ivory James

(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. 1017 Highland
Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 11 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Divorced**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 5, 1899**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
36	1	22		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unk.
	10. Date deceased last worked at this occupation (month and year) Unk.
	11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dyersburg, Tenn.**

MOTHER FATHER 13. NAME **James Golden (deceased)**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dyersburg, Tenn.**

15. MAIDEN NAME **Melinda Estes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson, Tenn.**

17. INFORMANT **Hospital Records**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Nat VI Cemetery, Ft. Leavenworth** DATE **Kansas** 19

19. UNDERTAKER **John C. Prather,**
(ADDRESS) **Excelsior Springs, Mo.**

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 27, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 8, 1934**, 19____, to **July 27, 1935**, 19____
I last saw him alive on **July 27, 1935**, 19____. Death is said to have occurred on the date stated above, at **6:55 P.M.**
The principal cause of death and related causes of importance were as follows:

Tb. Pul. Chr. Act. Advanced

Other contributory causes of importance:

Laryngitis, tuberculosis

Name of operation _____ Date of _____
What test confirmed diagnosis? **Exam & Obs** Was there an autopsy? **No**

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? _____
If so, specify _____
(Signed) **H. C. HARDEGREE, MD** Clinical Director
Veterans Administration Facility
(Address) **Excelsior Springs, Mo.**

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

ALL INFORMATION FOR MUST BE WRITTEN ON THIS SUPPLEMENT. Do not use this space.

1. PLACE OF DEATH

County Clay
Township _____
City _____ (No. _____)

Registration District No. 198
Primary Registration District No. 3011

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

2. FULL NAME

Golden, Ivory James

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS (if less than 1 day) hrs. min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation month and year 11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

Name of operation..... Date of.....

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....

PLACE _____ DATE _____, 19____

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED 8-1-35 1935 Mrs. Rea M. Crisden Registrar

If so, specify _____

(Signed) _____, M. D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 2

1954

5-22471

RECEIVED