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

Do not use this space.

35521

DEC 17 1935

1. PLACE OF DEATH

County Clay — Registration District No. 203 — File No.

Township Platte — Primary Registration District No. 4122 — Registered No. 26

City Smithville (No. , St. Ward)

24 8 8

2. FULL NAME Emaline Price Golden

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Harry Golden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1863

7. AGE — YEARS: 71 — MONTHS: 11 — DAYS: 29 — If LESS than 1 day, hrs. or min.

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 silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb County Missouri

FATHER

13. NAME Simeon Herndon

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

MOTHER

15. MAIDEN NAME Emaline Miller

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

17. INFORMANT (ADDRESS) Miss Nelle Golden Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem, Smithville DATE Nov. 17 1935

19. UNDERTAKER (ADDRESS) S. A. McComas Smithville, Mo.

20. FILED 11-16- 1935 E. C. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 16, 1935

I last saw her alive on Nov 1 1935. Death is said to have occurred on the date stated above, at 3 a.m.

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

Carcinoma Stomach

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray 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? No

If so, specify

(Signed) A. C. Spelman, M. D.

(Address) Smithville 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.

100M-11-24-33