

MAR 13 1937

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

Do not use this space.

6634

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Row

Primary Registration District No. 1002

City Jackson City, Mo. (No. Roanoke Home)

File No. \_\_\_\_\_  
Registered No. 1023  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elizabeth Myrtle Golden

(a) Residence, No. 3660 Summit St., \_\_\_\_\_ Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. P. Golden

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1937, to Feb 25, 1937. I last saw him alive on Feb 25, 1937. Death is said to have occurred on the date stated above, at 10:2 A. m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-16-1855.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 4 9

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

Cerebral Softening 2 mo ago

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

Other contributory causes of importance:

Arterio-sclerosis 1 yr ago  
Parotitis suppurative (not epidemic) ago

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) Grab Orchard Kentucky.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Wm Shifferdecker. Pittsburg, Kansas.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Ft. Scott, Ks. Evergreen Cem. Feb-28-1937.

19. UNDERTAKER (ADDRESS) Geo. A. ... Fort Scott, Kansas.

20. FILED 7/26 1937 M. Grove Registrar.

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) E. A. Burkhardt, M. D. (Address) 3346 Summit, K. C. Mo

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

OCCUPATION FATHER MOTHER

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