

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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 30
Township Coffey Creek Primary Registration District No. 5041
City (No. _____) _____ St. _____ Ward _____

File No. 11036
Registered No. 15

2. FULL NAME

Anton Golubski
(a) Residence, No. Prise City mo. R.R. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

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) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or WIFE OF) <u>Julia Golubski</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1850</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>8</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
FATHER	13. NAME <u>Martin Golubski</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
MOTHER	15. MAIDEN NAME <u>Magdelina Kalaska</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
17. INFORMANT <u>George Golubski</u> (ADDRESS) <u>Prise City mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prisefeld mo.</u> DATE <u>March 20, 1937</u>		
19. UNDERTAKER <u>Beltra Funeral Home</u> (ADDRESS) <u>Prise City mo.</u>		
20. FILED <u>3-26</u> 19 <u>37</u> <u>W.M. West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1937 to 1937
I last saw him alive on March 3, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
Heart died suddenly
Myocardial Coronary artery
thrombosis
Date of onset 1934

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
_____ resident, 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? Yes
(If so, specify _____)
(Signed) E. B. K... .. M. D.
(Address) Prise City mo.

