

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vermeur  
Township Walden  
City Walden (No.       )

Registration District No. 110  
Primary Registration District No. 5770

File No. 12914  
Registered No.        St.        Ward       

2. FULL NAME Dionia Lee Golden

(a) Residence, No.        St.        Ward       

(Usual place of abode)

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 16 1937 to March 17 1937

I last saw h. & n. alive on March 16 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/16-1937

to have occurred on the date stated above, at        m.

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

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

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

Date of onset

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

Cerebral Hematoma

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:  
100

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

13. NAME Araron Golden

Name of operation        Date of       

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

What test confirmed diagnosis?        Was there an autopsy?       

15. MAIDEN NAME Ruby Belle

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

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

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

17. INFORMANT Araron Golden

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury       

PLACE Funeral Home DATE May 18 1937

Nature of injury       

19. UNDERTAKER Funeral Home

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

(ADDRESS) Funeral Home

If so, specify       

20. FILED        1937 Registrar       

(Signed) U. V. Pasnell, M. D.

(Address) 284 S. Main, Kennett, Mo.

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



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

Do not use this space.

**1. PLACE OF DEATH**

County Pemiscot Registration District No. 1102 File No. 12914  
 Township Passau Primary Registration District No. 5870 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Hara Lou Golden

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 - 1937

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

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. \_\_\_\_\_  
 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) Missouri

13. NAME Aaron Golden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo

15. MAIDEN NAME Ruby Ellis

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

17. INFORMANT Aaron Golden (ADDRESS) Malden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumach DATE Mar 18 1937

19. UNDERTAKER Henry W. & Co (ADDRESS) Sumach Mo

20. FILED 6-7 1937 Mrs T. R. Cole Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1937 to Mar 17 1937

I last saw him alive on Mar 17 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Cerebral Hematoma Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. V. A. Pressnell \_\_\_\_\_, M. D.

(Address) Sumach Mo

RECEIVE A FEE FOR \_\_\_\_\_

5-12914