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.

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

Do not use this space.

SEP 10 1937

29416

1. PLACE OF DEATH
County Wheaus
Township
City St Louis
Registration District No. 791
Primary Registration District No. 1003
(No. Mo Pacific Hospital St. Ward)
File No.
Registered No. 8049

2. FULL NAME Walter Golson (Golson)
(a) Residence, No. 2109 Clark St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7 1896

7. AGE: 41 YEARS | MONTHS: 4 | DAYS: 14 | 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. Common Laborer
10. Date deceased last worked at this occupation (month and year) 8/15/37
11. Total time (years) spent in this occupation 3 yrs

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

FATHER
13. NAME Joe Golson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER
15. MAIDEN NAME Caroline Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) Mary Golson 2109 Clark Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 8/30/ 1937

19. UNDERTAKER (ADDRESS) Ellis Funeral Home. 2800 Stoddard St.

20. FILED AUG 27 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1937, to 8/21 1937
I last saw him alive on 8/21 1937. Death is said to have occurred on the date stated above, at 5 OSP m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	
Cause Unknown	
129	

Other contributory causes of importance:
Operated to determine cause of peritonitis.
Exploratory Laparotomy
Name of operation Celestomy Date of 8/15/37
What test confirmed diagnosis? 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) M. P. Ballew, M. D.
(Address) Mo per Hosp