

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.

SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Atchison
Township Palmer
City New Park, Mo. (No.)

Registration District No. 19
Primary Registration District No. 5026

File No. 28202
Registered No.
St. Ward)

2. FULL NAME Louis Henry Golderman 436

(a) Residence, No. Atchison, Mo. St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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>Ada Brown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17-1870</u>				
7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>5</u>	<u>9</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>Aug 26-1938</u>
	11. Total time (years) spent in this occupation <u>life</u>

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

13. NAME Fritz Golderman

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Louis Golderman
(ADDRESS) New Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE High Creek DATE August 28, 1938

19. UNDERTAKER Mal E. Johnson
(ADDRESS) 2315 1/2 E. 24th St. Kansas City, Mo.

20. FILED Sept 5, 1938 Mar. H. Chamberlain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936 to Aug 3rd, 1938.
I last saw him alive on Aug 3rd, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Organic heart disease Date of onset 1934
Prostate gland obstruction 1930
Free fluid - Probably embolism
Other contributory causes of importance: 9510

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury, 19.....

Where did injury occur? None
(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) James A. Gray, M. D.

11. (Address) Watson

