

REC'D APR 21 1939

## MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11148

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Galena Twp. Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. 5 Miles N.W. of Joplin St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

George W. Golden  
 (a) Residence, No. 1831 Picher St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 3 12

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED  
 9. Industry or business in which work was done, as saw mill, bank, etc. MINER  
 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) Kentucky

FATHER  
 13. NAME Bery N. Golden

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

MOTHER  
 15. MAIDEN NAME Sarah A. Mosier

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

17. INFORMANT (ADDRESS) Edna Hall  
Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 3-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Anthony And Co  
Joplin Mo

20. FILED 3-13-39 W B Jenson 372 (Address) Joplin, Mo  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-39

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to March 12, 1939

I last saw him alive on March 11, 1939 Death is said to have occurred on the date stated above, at 7-AM

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

Coroio-Renal Disease Date of onset \_\_\_\_\_

Other contributory causes of importance Ch. cystitis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? urine 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? \_\_\_\_\_

If so, specify no

(Signed) M. B. Jenson, M. D.

(Address) Joplin, Mo

WHILE LAINING WITH CERTAINING INSTRUMENTS 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-29-845

Date Filed APR 12 1939

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Japan Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.