

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

Do not use this space.

17183

1. PLACE OF DEATH

65 County Mercer
Township Margess
City..... (No.....)

Registration District No. 556
Primary Registration District No. 5750

File No.....
Registered No. 15
St..... Ward.....

2. FULL NAME

Chasney Leroy Golden

(a) Residence. No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 1861

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|----------|--|
| | <u>81</u> | <u>5</u> | <u>5</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Monard Mo
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Caron H. Golden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Smalley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT W. Golden
(Address) Mill Grove Mo

15. FILED May 12 1933
J. M. Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1933
17. 3

HEREBY CERTIFY, That I attended deceased from July 1 1933, to May 11 1933, that I last saw him alive on May 11 1933, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS: 131
Myocardial infarction - left side 94 P
angina pectoris 95 P
94 P
CONTRIBUTORY subacute nephritis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) J. M. Perry M. D.
5/12 1933 (Address) P. P. P. 240

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cosco Cemetery DATE OF BURIAL 5/14 1933

20. UNDERTAKER Marten Funeral Home ADDRESS P. P. P. 240

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.

JUN 23 1933

