SEP 20 1937

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

Do not use this space.

File No. 31028
Registered No. 84

**1. PLACE OF DEATH**
County: Johnson,
Township:
City: Warrensburg, (No. ..., ..... St. ..... Ward)
Registration District No. 431
Primary Registration District No. 3023

**2. FULL NAME** Frank L. Golay
(a) Residence, No. 412 N Miller St St., ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | W | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 1882

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 55 | 9 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector for a
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Finance Company
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) Sweet Springs, Missouri

FATHER
13. NAME David Golay,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

MOTHER
15. MAIDEN NAME Madora Hunter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County, Missouri

17. INFORMANT Alice Golay
(ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg DATE Aug, 13 1937

19. UNDERTAKER Sweeney- Phillips
(ADDRESS) Warrensburg, Mo

20. FILED Aug 13, 1937 Ezra Gentry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug~~ July 1, 1937, to Aug 11, 1937
I last saw him alive on Aug 10, 1937. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | ? |

Other contributory causes of importance: 46

Name of operation Exploratory Date of July 30-37
What test confirmed diagnosis? Operation 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) R. F. McKinney, M. D.
(Address) Warrensburg Mo

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.