

DEC 19 1938

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

39636

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 5628 Registered No. 65
 (c) City Aurora (d) Street No. R.F.D. # 2 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sherman J. Gold

(a) Residence, No. R.F.D. # 2 Aurora Mo. St. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3-1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>46</u>	<u>7</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stone County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Joseph Gold

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

MOTHER

15. MAIDEN NAME Martha Hampton

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

17. INFORMANT Mrs Lottie Gold
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Nov, 6 1938

19. FUNERAL DIRECTOR (NAME) J. F. King
(ADDRESS) Aurora Mo.

20. FILED Dec 2 1938 R. D. Cavan, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 4 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1 1938 to November 4 1938
 I last saw h. in alive on November 4 1938 Death is said to have occurred on the date stated above, at 7 P.m.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage in Cortical areas of Brain
Respiratory failure
Atherosclerosis

Date of onset
Unknown
Nov. 3
Nov. 4
Nov. 9

Other contributory causes of importance:
As above

Name of operation..... 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?..... 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) F. Avery Watson, D.
 (Address) Verona, Iowa Hospital
Verona, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-936

Date Filed DEC 16 1938

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, _____

Herman Surridge, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address: Aurora Mo.

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.