

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

26210
3:33

1 PLACE OF DEATH

County St. Louis H. R.

1 Township _____

Village _____

City Duluth Minn. No. _____

Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)

St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ben Golden

(2) Residence, No. 312 E. 6th 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs. Golden (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 2-28-1902

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
27 X 28

8 OCCUPATION OF DECEASED

(a) Trade, Profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Duluth Minn.

10 NAME OF FATHER N. Golden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Karon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mr. Golden (Address) _____

15 Filed 3/26-29 L. A. Lakeport REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26-29 19 29

17 I HEREBY CERTIFY, That I attended deceased from June 19 27 to 3/26 19 29 that I last saw him alive on 3/25 19 29

and that death occurred on the date stated above, at 5:47 PM The CAUSE OF DEATH* was as follows: MAY 1 '29

Myocardial
infarction

CONTRIBUTORY (SECONDARY) Brain tumor duration yrs. mos. ds. 14

malignant glioma duration yrs. mos. ds. 2

18 Where was disease contracted

if not at place of death? _____

Did an operation precede death? Yes Date of 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Operative

(Signed) M. G. Gillespie, M. D.

3/26-29 19 (Address) Duluth, Minn.

*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. (Use reverse side for additional space.)

19 Place of Burial, Cremation, or Removal DATE OF BURIAL

Jewish Cemetery 3-26 19 29

20 UNDERTAKER L. A. Lakeport ADDRESS Duluth Minn.

MARGIN RESERVED FOR BINDING

N. DO NOT WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every fact of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly checked. Exact statement of OCCUPATION is very important.