

DISTRICT NO. 230 CERTIFICATE OF DEATHState File No. 156261. NAME OF DECEASED
(Type or Print) a. (First) Leslie b. (Middle) Thomas c. (Last) Golden 2. DATE (Month) (Day) (Year) OF DEATH Dec. 12, 19553. PLACE OF DEATH
a. COUNTY Logan 4. USUAL RESIDENCE (Where deceased lived. If limitation: residence below administered)
a. STATE W. Va. b. COUNTY Loganb. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Logan c. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Omard. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) Logan Gen. Hospital d. STREET ADDRESS (If rural, give location)5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Feb. 22 - 1898 9. AGE (In years) 57 If under 1 year: 9 Days 28 Hours 3010. USUAL OCCUPATION Miner 11. KIND OF BUSINESS OR INDUSTRY Local Miner 12. BIRTHPLACE (State or foreign country) Salt Lake, Ky. 13. CITIZEN OF WHAT COUNTRY? U.S.A.13. FATHER'S NAME Jackson Golden 14. MOTHER'S MAIDEN NAME Lizzie Purvis15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No 16. SOCIAL SECURITY NO. 232-72058 17. INFORMANT Lacey Golden18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound, perforating, 36 hours*This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) 5401II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. MAJOR FINDINGS OF OPERATION Perforated intestine, etc. 20. AUTOPSY? Yes No

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (If in or about house, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED While at Work Not While at Work 21f. HOW DID INJURY OCCUR? 21g. INQUEST Yes No 22. I hereby certify that I attended the deceased from 12-9, 1955, to 12-12, 1955 that I last saw the deceased alive on 12-12, 1955, and that death occurred at 9:20 p.m. from the causes and on the date stated above.23a. SIGNATURE (Degree or title) D.M. Driscoll 23b. ADDRESS Logan, W. Va. 23c. DATE SIGNED 12-28-5524a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/16/55 24c. NAME OF CEMETERY OR CREMATOR Jones Cemetery, Ky. 24d. EMBALMERS SIGNATURE Edmond L. Malher 792 Lic. No. 218DATE REC'D BY LOCAL REG. 1-4-56 REGISTRAR'S SIGNATURE William Genter 25. GENERAL STORES (Signature) W.D. McShee Lic. No. 218