WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

File No. 30449

Registered No. 43

1. PLACE OF DEATH

County: Dent Co.

Township: Gibbin

City: ..... (No. ..... St. ..... Ward)

Registration District No. 954

Primary Registration District No. 5368

2. FULL NAME: Chester Don Golden

(a) Residence. No. ..... 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 9, 1928

7. AGE: Years 1 | Months 1 | Days 16 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(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) Dent Co. Mo.

PARENTS

10. NAME OF FATHER: Wm Golden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dent Co Mo.

12. MAIDEN NAME OF MOTHER: Rhoda Woolsey

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

14. INFORMANT: Wm Golden
(Address) Salem Mo.

15. FILED Oct 20, 1929 J. B. Gordon
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1929, to Sept 25, 1929, that I last saw him alive on Sept 23, 1929, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Flux

1190

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Diarrhea

..... (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED 1156

IF NOT AT PLACE OF DEATH ..... X

Did an operation precede death? X Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. C. Welch, M. D

, 19 (Address) Salem Mo.

*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: Barron Fork Cem

DATE OF BURIAL: Sept 26 1929

20. UNDERTAKER: Wm Gordon

ADDRESS: Salem Mo