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.

FEB 27 1935

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

Do not use this space.

2150

File No.
Registered No.

1. PLACE OF DEATH
County: Monroe
Township: Monroe
City: (No. , St. Ward)
Registration District No. 579
Primary Registration District No. 5776

2. FULL NAME: Nadine Golder

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/1/1922

7. AGE: Years 12 | Months 2 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY): Monroe Co.

FATHER
13. NAME: Ed Green Golder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Co. Ky

MOTHER
15. MAIDEN NAME: Ada June Schumaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Will Golder
(ADDRESS): Madison Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sugar Hill Madison DATE: 1/5 1935

19. UNDERTAKER: Fred A Thompson
(ADDRESS): Madison Mo

20. FILED: 1/5 1935 Fred A Thompson Registrar.
Walter W Embank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935 to Jan 5, 1935
I last saw h-r alive on Jan 4, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlinatina Hemorragic	Jan 2, 1935

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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) T R Turner M.D.
(Address) Madison, Mo.