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.

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

Do not use this space.

REC'D MAR 23 1938

7908

1. PLACE OF DEATH
County RANDOLPH
Township MONITEAU
City HIGBEE (No. ..... St. ..... Ward)

Registration District No. 732
Primary Registration District No. 4437

File No. 115
Registered No. 732

2. FULL NAME NANCY EBELINE GOLDEN 435

(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 13 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): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF JEREMIAH GOLDEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 13, 1857

7. AGE: YEARS 81 | MONTHS 1 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE OF RETIRED FARMER
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) MAR. 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI 6

FATHER
13. NAME THOMAS WARFORD 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI 6

MOTHER
15. MAIDEN NAME MARTHA ANN KIRBY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI

17. INFORMANT (ADDRESS) MRS. EDD GRIFFIN HIGBEE MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEM. Higbee DATE FEB. 24 1938

19. UNDERTAKER (ADDRESS) G. R. LAMBIER HIGBEE

20. FILED Feb 23 1938 J. W. Winn R.K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938, to Feb 21, 1938
I last saw her alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 21 1938
82 Al	

Other contributory causes of importance:

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 3

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. S. Hurdew M.D.
(Address) Higbee, Mo.

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