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

Do not use this space.

1. PLACE OF DEATH

County: Cole — Registration District No.: 212 — File No.: 24561

Township: Clark — Primary Registration District No.: 5292 — Registered No.: 18

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

2. FULL NAME Buddy Glen Golden

(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. 5 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 3rd 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		5	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(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) Eugene Mo R-1

PARENTS

10. NAME OF FATHER Ranie Golden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Marys Home Mo

12. MAIDEN NAME OF MOTHER Mabel M. Norfleet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Eugene Mo R-1

14. INFORMANT Family Record
(Address)

15. FILED Aug 10, 1931 Mrs Thee Glover
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1931

17. I HEREBY CERTIFY, That I attended deceased from July 5th, 1931, to July 7th, 1931 that I last saw him alive on July 7th, 1931, and that death occurred, on the date stated above, at 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Enteritis

119B

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

CONTRIBUTORY (SECONDARY) 119

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. S. Glover, M. D

, 19 (Address) Russellville 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	DATE OF BURIAL
Spring Garden Cem	7-8 1931
20. UNDERTAKER	ADDRESS
Emil Schell	Eugene Mo

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.

AUG 25 1931

...WITH UNFADING INK—THIS IS A PERMANENT RECORD