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.

MAY 27 1936

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

Do not use this space.

16700

1. PLACE OF DEATH

County: St. Genevieve — Registration District No. 934 — File No.

Township: Union — Primary Registration District No. 6026 — Registered No. 8

City: Farmington R.F.D. No 2. (No. ..... St. ..... Ward)

2. FULL NAME Mrs Ugulisiu Nelson Golston

(a) Residence, No. Farmington R.F.D. No 2. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white Caus.	widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 - 1860.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	7	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massacoxie County

FATHER

13. NAME Mr. David N. Golston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mobile - Alabama

MOTHER

15. MAIDEN NAME Margarite Shepherd O.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Tennessee

17. INFORMANT Melvin D. Golston (ADDRESS) Detroit Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE M. W. A. Cemetery DATE April 20th 1936

19. UNDERTAKER Alvin W. Hood (ADDRESS) Flat River, Mo.

20. FILED 5/07 1936 Wm R Rotta Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936 to April 17, 1936

I last saw h. alive on April 12, 1936. Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cystitis and nephritis.	unknown
137	

Other contributory causes of importance:
Extreme Hypertrophy of Prostate with retention of urine.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. M. Stanfield M.D.
(Address) Farmington Mo