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

Do not use this space.

35127

1. PLACE OF DEATH
County New Madrid — Registration District No. 55 — File No. 9
Township Anderson — Primary Registration District No. ~~4033~~ 6262 — Registered No. 921
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Gladys Ellsworth
(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.

NOV 4 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Cont 12 ward

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(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) Mo

PARENTS
10. NAME OF FATHER Ole Singleton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Bouyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Navy Ellsworth
(Address) Sikeon Mo.

15. FILED Nov 10, 1931 M. V. Mumma REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-24 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1931, to 10-24, 1931, that I last saw her alive on 10-23-31, 1931, and that death occurred, on the date stated above, at 6:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Asthma
112
..... (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 112 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Louis
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo Fitzherson M. D.
, 19 (Address) Sikeon 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
Stanfield Cem	10-26 1931
20. UNDERTAKER	ADDRESS
J. W. Meentemeyer	

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.