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

Do not use this space.

35661

File No.

Registered No. 214

1. PLACE OF DEATH

County Boone — Registration District No. 73

Township — Primary Registration District No. 3006

City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Mrs Emma Josephine Gladwell, Widow

(a) Residence, No. Richardson 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ✓ 1894

7. AGE: Years 39 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Lexington Missouri

FATHER

13. NAME: Emil Bergstrom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Hilma Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Charles Bergstrom, Lexington Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo DATE 11-4-33

19. UNDERTAKER (ADDRESS): Parker F.C. W.H. Vandeventer, Columbia, Mo.

20. FILED 11/3/33 Allie Selby Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to ✓, 19..

I last saw h. ✓ alive on ✓, 19 ✓. Death is said to have occurred on the date stated above, at 12 o'c m.

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

	Date of onset
Automobile Wreck.	
Collar bone broken	
Ribs on right side broken	
Internal injuries.	
24 hr.	

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? Accident Date of injury 11-1-, 1933

Where did injury occur? 3 mi East Columbia Mo.
(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) E. S. Dains, Coroner, M. D.

(Address) Columbia Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.