

MAR 24 1936

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

Do not use this space.

7244

1. PLACE OF DEATH
County Folk Registration District No. 708 File No.
Township Green Primary Registration District No. 5937d Registered No. 7
City..... (No.) St. Ward)

2. FULL NAME Margaret Gladden
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter A. Gladden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known/865</u>		
7. AGE <u>71</u>	YEARS <u>not known</u>	MONTHS <u>not known</u>
	DAYS <u>not known</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	11. Total time (years) spent in this occupation
	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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Sherman Farmer</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lindy Creek</u> DATE <u>Feb. 17</u> 19 <u>36</u>		
19. UNDERTAKER <u>Hutchison & Blue</u> (ADDRESS) <u>875 W. Main, Mo.</u>		
20. FILED <u>2-26</u> 19 <u>36</u> <u>Mal Zurewald</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1936, to Feb 15, 1936
I last saw h. ex alive on Feb 15, 1936 Death is said to have occurred on the date stated above, at 11-30 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
100
Date of onset 2-10-36

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? 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 W. E. Gammert, M. D.
(Signed) W. E. Gammert (Address) Pomona, 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.

