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

JAN 18 1937

Do not use this space.

43706

1. PLACE OF DEATH
County: Barry
Township: Monett
City: Monett (No. ..... St. ..... Ward)

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No. 56

2. FULL NAME: Gladys Marie Wilson
(a) Residence, No. 501 7th St 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 27th 1933

7. AGE: Years 3 | Months 7 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child
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): Chelsea Okla

FATHER
13. NAME: Roosevelt Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stone Co Mo

MOTHER
15. MAIDEN NAME: Winnie Spence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Western Okla

17. INFORMANT (ADDRESS): Mrs Winnie Spence Monett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hall Chapel DATE: 19
Chelsea Okla

19. UNDERTAKER (ADDRESS): A M Calloway Monett Mo

20. FILED: 12-17-36 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1936 to Dec 17, 1936
I last saw her alive on Dec 16, 1936 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	Dec 11/36

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. .....
(Signed) Ernest Mitchell, M. D.
(Address) Monett Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County: Barry — Registration District No.: 30 — File No.:

Township: — Primary Registration District No.: 3003 — Registered No.: 56

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

2. FULL NAME: Gladys Marie Wilson

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
3	7	20	

OCCUPATION

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

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)

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 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19..

19. UNDERTAKER (ADDRESS)

20. FILED 3-18, 1937 W. M. Ulen Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

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

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

Pneumonia (Bronchial) — Date of onset

Other contributory causes of importance: None

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 .....

(Signed) Ernest Mitchell, M. D.

(Address) Monett Mo

SUPPLEMENTAL

CAUSE OF DEATH in plain language, so that a layman can understand, should be furnished for every death.

S-43706