

JUL 10 1937

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

Do not use this space.

22967

1. PLACE OF DEATH

County Jayson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City (No. 2000)

File No. _____
Registered No. 2013
St. _____ Ward _____

2. FULL NAME

Wesley Gladden
(a) Residence, No. 7017 Agnes St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1937, to 6-28, 1937.
I last saw her live on 6-28, 1937. Death is said to have occurred on the date stated above, at 4:30 am.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1879

Cerebral Hemorrhage Date of onset _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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 _____

17. INFORMANT Mrs. Carrie E. Gladden
(ADDRESS) 6801 Olive

18. BURIAL, CREMATION, OR REMOVAL
PLACE mt Munich DATE July 2 37

19. UNDERTAKER Bentley Mortuary
(ADDRESS) 5811 Forest Ave

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. De Maria M. D.
(Address) Supt. K. C. Gen'l Hosp
222 mo

20. FILED 6/29, 1937 M. M. Brown
Registrar.

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.

31
31

