

DEC 28 1938

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

44100

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 3032
 (c) City Sedalia (d) Street No. 646 E 102 Registered No. 358
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GLADYS ELIZABETH DEAL

(a) Residence, No. 1104 East Bway St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 0 9

OCCUPATION

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

9. Industry or business in which work was done, as 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) Alma County, Iowa13. NAME George F. Deal14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa15. MAIDEN NAME Margie Stafford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT (ADDRESS) Harvey Deal, Sedalia Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 12-21- 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros, Sedalia Mo.20. FILED 12-19- 1938 Mrs Harry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19 193822. I HEREBY CERTIFY, That I attended deceased from 9/11/38, 1938, to 12/19, 1938I last saw her alive on 12/19, 1938. Death is saidto have occurred on the date stated above, at 1:20 p.m.

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

Chronic interstitial nephritis Date of onset 1937/7/1
3/1

Other contributory causes of importance:

Arterio Sclerosis & Hypertension

Name of operation none Date of
 What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? no

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? no
 If so, specify (Signed) J. W. Boyert, M. D.(Address) Sedalia, Mo.

RECEIVED
District Health Officer No. 8,
District File Number 114/39
Date Filed 11/4/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Walter E. Baker

Licensed Embalmer No. 2419

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.