REC'D JAN 13 1939

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

44737
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Texas 2 — Registration District No. 1088
(b) Township Upton — Primary Registration District No. 6148 — Registered No.
(c) City / (d) Street No. St.
(e) Length of residence in city or town where death occurred 56 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Belle Gladden
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1882

7. AGE — YEARS 56 — MONTHS 10 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Sept 1938 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo.

FATHER
13. NAME William Elmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Nancy Reardon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hazel Gladden Houlidoux Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Success DATE Dec. 18 1938

19. FUNERAL DIRECTOR (NAME) Gaylord V. Elliott (ADDRESS) Houston Mo.

20. FILED Dec 19 1938 Joe C. Stites Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1938 to Dec. 16 1938
I last saw her alive on Oct 18 1938. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis from Carcinoma of Colon	1931
Pernicious Anemia	

Other contributory causes of importance:

Carcinoma of vagina	1937

Name of operation Laparotomy Date of Nov. 1. 38
What test confirmed diagnosis? Laparotomy 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) L. W. Dillman, M. D.
(Address) Houston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Gaylord V. Elliott, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Houston Mo.

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.