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

Do not use this space.

35820

JA. 17 1928

1. PLACE OF DEATH
County Adair
Township Nineveh
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 2
Primary Registration District No. 5002

File No. .....
Registered No. 32

2. FULL NAME Gladys Naomia Motter

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE 1902

6. DATE OF BIRTH (MONTH, DAY AND YEAR): JULY 25th 1802

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
25	4	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: STUDENT
(b) General nature of industry, business, or establishment in which employed (or employer): ....
(c) Name of employer: .....SELF

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) ADAIR CO MO

PARENTS

10. NAME OF FATHER: WM MOTTER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) ADAIR CO MO
12. MAIDEN NAME OF MOTHER: REBECCA SHOTT.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) P A.

14. INFORMANT Marion Motter
(Address) NOVINGER MO R R

15. FILED 12/11, 1927. J S Gasparde
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9th 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: suicide, by shooting self in left Breast with 22 Caliber Rifle,
167 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 170 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F.R. Easley, Coroner, M.D.
12/9, 1927 (Address) Brashear, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: MULBERRY CEMETERY,
DATE OF BURIAL: 12/11 1927

20. UNDERTAKER: Dave T Wilson
ADDRESS: Kirksville Mo

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.