

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City R. C.

Registration District No. A M M 2

Primary Registration District No. Wesley Hospital

File No. 24614
Registered No. 3096
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Gladys B. Statchett St. _____ Ward _____
(Usual place of abode) Ludlow, Mo. (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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roy Statchett
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2, 1902
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
27 4 9

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Tom. Mc Lannan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Valie Estinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Roy Statchett
(Address) Ludlow, Mo.

15. FILED 7/11, 1929 M. M. Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1929
17. I HEREBY CERTIFY, That I attended deceased from June 28, 1929 to July 11, 1929 that I last saw her alive on July 10, 1929, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral embolism
8/19

CONTRIBUTORY (SECONDARY) surgical operation
Gas tubes - 0. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death.

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 29, 29
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical finding
(Signed) M. Jackson, M. D.

*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 Ludlow, Mo. DATE OF BURIAL July 12, 1929

20. UNDERTAKER C. H. Blackman & Son ADDRESS 2825

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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