

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

Do not use this space.

36800

1. PLACE OF DEATH

County Dunklin Registration District No. 290
Township Salmon Primary Registration District No. 5408
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 77

2. FULL NAME

Gladius Mae Crp
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) X

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County, MO

10. NAME OF FATHER William Crp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County, MO

12. MAIDEN NAME OF MOTHER Mat Nations

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

14. INFORMANT William Crp (Address) Senath Mo

15. FILED 127, 1929 Wp. Beidel Mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1929 to Nov 22, 1929 that I last saw h. a. alive on Nov 6, 1929, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature cause unknown & with Gestations 159
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16/10 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Roye J. Spindel, M. D.

(Address) Senath 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 DATE OF BURIAL

Senath Cemetery Nov 22 1929

20. UNDERTAKER ADDRESS

McDaniel Home Co Senath 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.

35-1929

