

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

Do not use this space.

25353

1. PLACE OF DEATH

County Franklin Registration District No. 407 File No. _____
 Township _____ Primary Registration District No. 4241 Registered No. 18
 City Cartersville (No. _____) St. _____ Ward _____

2. FULL NAME

William Oliver Gladden
 (a) Residence, No. 220 S Walnut 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Gladden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6 1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>6</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foreman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Alfa Powder Co.</u>	
	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) <u>Webb City Missouri</u>		
FATHER	13. NAME <u>J. T. Gladden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary Braswell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
17. INFORMANT (ADDRESS) <u>My Ethel Gladden Cartersville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cartersville Cem</u> DATE <u>7/31 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Webb City Undert Co Webb City Mo</u>		
20. FILED <u>July 30 1931</u> <u>C. T. Gray</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1931

22. I HEREBY CERTIFY, That I attended deceased from month 4 to July 29 1931
 I last saw him alive on July 29 1931 Death is said to have occurred on the date stated above, at 10:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
2.3#
cutis
 Date of onset ?

Other contributory causes of importance:
Working in metal mill and in acid department of explosion plant
 Name of physician Gladden Date of 7/30
 What test confirmed diagnosis? laboratory Was there an autopsy? No

23. If death was due to external causes (violence), list 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? _____
 If so, specify _____
 (Signed) R. M. Formont, M. D.
 (Address) Webb City Mo

WHITE 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.

AUG 26 1931

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