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.

[illegible] 21 1932

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

Do not use this space.

1. PLACE OF DEATH
16 County Cape Girardeau Registration District No. 124
2 Township Byrd Primary Registration District No. 4070
2 City Jackson (No. , St. Ward)

File No. 3952
Registered No. 8

2. FULL NAME Eva Pauline Gladish

(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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
38	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 235
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) Jackson Mo.

FATHER

13. NAME Henry Gockel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

MOTHER

15. MAIDEN NAME Augusta Mogler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Jackson Mo.

17. INFORMANT (ADDRESS) Troy Gladish Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russell Heights Jackson Mo. DATE Feb 16 1932

19. UNDERTAKER (ADDRESS) Cracraft-Miller Jackson Mo.

20. FILED 2-15, 1932 D. G. Sulin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 1922, to Feb. 14, 1932

I last saw her alive on Feb. 14, 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
ZSA	

Other contributory causes of importance: ✓

23 (3)

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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) Dr. C. N. Kinsey, M. D.

(Address) Cape Girardeau Mo.