

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

Do not use this space.

15743

1. PLACE OF DEATH

34 County Boyd
Township Boyd
City Gladys (No. 1)

Registration District No. 276
Primary Registration District No. 5393

File No. 6
Registered No. 6
St. Boyd Ward 1

2. FULL NAME

Gladys (Freeland) Carlew
(a) Residence, No. 1 St. Boyd Ward. 1
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? 9 yrs. 9 mos. 9 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Carlew
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 - 1903
7. AGE YEARS 28 MONTHS 11 DAYS 6 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) 1932 11. Total time (years) spent in this occupation 14 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Tex

13. NAME Jack Freeland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Tex

15. MAIDEN NAME Freeland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston

17. INFORMANT (ADDRESS) Harry Carlew

18. BURIAL, CREMATION, OR REMOVAL PLACE Boyd DATE May 26 1932

19. UNDERTAKER (ADDRESS) Garland

20. FILED May 29 1932 Estel Sutherland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24 1932 to May 25 1932
I last saw him alive on May 25 1932 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral
14 1/2
14 1/2
Other contributory causes of importance: 1

Name of operation 1 Date of 1
What test confirmed diagnosis? 1 Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 1 Date of injury 19
Where did injury occur? 1 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify 1
(Signed) Boyd M. D.
(Address) Boyd Tex

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.

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

JUN 22 1932

