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

Do not use this space.

26036

File No.

Registered No. 125

1. PLACE OF DEATH

78 County Pemiscot — Registration District No. 651

Township Little Prairie — Primary Registration District No. 5862

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Gladys Pounds

(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1911

7. AGE: 21 YEARS — MONTHS: 3 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) July, 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mississippi

FATHER

13. NAME John Pounds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Miss.

MOTHER

15. MAIDEN NAME Lou Irene Van Develin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Miss

17. INFORMANT (ADDRESS) John Pounds Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caruthersville DATE Sept 1, 1932

19. UNDERTAKER (ADDRESS) H S Smith Caruthersville, Mo

20. FILED Sept 2, 1932 Ada Martin
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1932, to August 31, 1932

I last saw him alive on August 30, 1932. Death is said to have occurred on the date stated above, at 11:45 A.m.

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

	Date of onset
Typhoid fever	
107A	

Other contributory causes of importance:
Bronical Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J B Luten, M. D.

(Address) Caruthersville, 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.

SEP 26 1932