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.

JAN 23 1933

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

Do not use this space.

39170

1. PLACE OF DEATH

36 County Franklin — Registration District No. 297 — File No. 104

8 Township — Primary Registration District No. 2076 — Registered No. 104

7 City Washington (No. St Francis Hosp. Washington Mo. St. ..... Ward)

2. FULL NAME Gladys HINES

(a) Residence, No. Sullivan Mo. 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: Charles Hines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-30-1898

7. AGE: YEARS 34 — MONTHS 0 — 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.: At Home.

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): Sullivan Mo. 1

FATHER

13. NAME: Charles P. Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 51

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Charles Hines, Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sullivan Mo. DATE: 12-5, 1932

19. UNDERTAKER (ADDRESS): J. T. Williams, Sullivan Mo.

20. FILED: Nov 3, 1932 — [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec - 1 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932 to Dec 1, 1932

I last saw her alive on Dec 1, 1932. Death is said to have occurred on the date stated above, at 8 P. m.

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

Septicemia resulting from abscess of Culdesac 140 — Date of onset

Other contributory causes of importance: abortion self induced 140

Name of operation: Incision of abscess — Date of Nov 28 32

What test confirmed diagnosis? Clinical — 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) W. H. Duerbrook, M. D.

(Address) Mt Clair Mo