

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 2
City St. Louis, Mo. (No. City Hospital 2)

File No. 42460
Registered No. 11592
St. Ward)

2. FULL NAME

(a) Residence, No. James Gladney 213 S. Rankin St. 18 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>Col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-13-1931</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>1</u> | <u>1</u> |
| | | <u>13</u> |
| | | IF LESS than 1 day, hrs. or min. |

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation..... |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>ml</u> |
| | 10. Date deceased last worked at this occupation (month and year)..... | <u>St Louis mo 1</u> |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo 1

FATHER 13. NAME James Gladney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 2

MOTHER 15. MAIDEN NAME Barne Patterson

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

17. INFORMANT A. Gelfunde Great
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE 12/31 1932

19. UNDERTAKER Ellis Funeral Home
(ADDRESS) 222 East 44th St

20. FILED DEC 27 1932 May C. Starnes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1932 to 12-26 1932
I last saw h. in alive on 12-26 1932 Death is said to have occurred on the date stated above, at 5:12 m.

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

108
Lobar Pneumonia
Other contributory causes of importance: 108

(Name of operation) Op. Cut Date of.....
What test confirmed diagnosis? Op. Cut 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..... 10

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Am. Smith M. D.
(Address) City Hospital 2

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.

