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

Do not use this space.
32562

1. PLACE OF DEATH
County Cole — Registration District No. 212 — File No.
Township Clark — Primary Registration District No. 5292 — Registered No. Oct 15
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Gladys Nadine Templeton
(a) Residence, No. Eugene, 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.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5th, 1926

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
7	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Eugene, (STATE OR COUNTRY) Missouri.

FATHER
13. NAME R. F. Templeton
14. BIRTHPLACE (CITY OR TOWN) Russellville, (STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Christena Hickx
16. BIRTHPLACE (CITY OR TOWN) Olean, (STATE OR COUNTRY) Missouri.

17. INFORMANT R. F. Templeton (ADDRESS) Eugene, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allen Cemetary DATE Oct. 15th, 1933

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Nov 8, 1933 Leona C. Glover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1933, to Oct 14, 1933
I last saw her alive on Oct 14, 1933 Death is said to have occurred on the date stated above, at 8- A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Pneumonia	
109	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) L. O. Nye, M. D.
(Address) Eugene, 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.