

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

Do not use this space.

1. PLACE OF DEATH

County Wayne Registration District No. 892
 Township Williams Primary Registration District No. 4541
 City Williamsville (No. _____) St. _____ Ward _____

File No. 38946
 Registered No. 26

2. FULL NAME Louise Cook Gladden

(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 47 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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert B Gladden
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7th 1856
 7. AGE YEARS 77 MONTHS 3 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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. housewife
 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) Shardersport Indiana

FATHER 13. NAME David Cook

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Juandis Phillippi

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mable Gladden (ADDRESS) Williamsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Williamsville DATE Nov 22 1933

19. UNDERTAKER Wm W. Gish (ADDRESS) Williamsville

20. FILED Nov. 23 1933 Wm. H. Collins McPhee Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1933, to Nov 19 1933
 I last saw h. or alive on Nov 19 1933 Death is said to have occurred on the date stated above, at 8:10 Am.
 The principal cause of death and related causes of importance were as follows:

arterio sclerosis
hypertension
stroke
82A
 Other contributory causes of importance:
82A
82A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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. F. Cooper M. D.
 (Address) Williamsville Mo

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.

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