FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Pemiscot
Township: Little Prairie
City: ..... (No. ..... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 5-862

File No. 5954
Registered No. 97

2. FULL NAME: Gladys L. Ward

(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: F
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): April-12-1932

7. AGE: Years 1 | Months 9 | Days 22 | 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. At Home
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): Missouri

FATHER
13. NAME: Ed Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenway Ark

MOTHER
15. MAIDEN NAME: Pearl Neal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Ed Ward Caruthersville R.F.D. #2 Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Little Prairie Cem. DATE: Feb 5 1934

19. UNDERTAKER (ADDRESS): L. A. Ferge Undertaking Co. Caruthersville, Mo.

20. FILED: Feb. 7 1934 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30th 1934, to Feb 3rd 1934, Last saw h. alive on Feb 3. 1934 Death is said to have occurred on the date stated above, at 8:12 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dysentery	

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? 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? .....
If so, specify .....
(Signed) M. H. Hudgins by daughter Eleanor Collins, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD