

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.

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

Do not use this space.

JAN 2 9 1935

84

1. PLACE OF DEATH

County Polk
Township Johnson
City (No.) St. Ward

Registration District No. 703
Primary Registration District No. 7932

File No. 44048
Registered No.

2. FULL NAME

Andrew Brooks 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 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 16, 1851</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>3</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>18 1/2</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
10. Date deceased last worked at this occupation (month and year)		13. NAME <u>Joseph Gladden</u>

MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Julia Postum</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>

17. INFORMANT (ADDRESS) <u>Mrs A. L. Todd Hannansville Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Cemetery</u> DATE <u>Dec 21, 1934</u>
19. UNDERTAKER (ADDRESS) <u>Ralph A. Joseph Hannansville Mo.</u>
20. FILED <u>Dec 21 1934 Ora M. Rich</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 19, 1934.
I last saw him alive on Dec 19, 1934. Death is said to have occurred on the date stated above, at 7:30 pm.

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

Obstructed Arteriosclerosis with Chronic Nephritis resulting in Acute Encephalitis

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? Yes
If so, specify

(Signed) P. C. Keenan M. D.
(Address) Hannansville Mo.

