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.

AUG 12 1935

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

Do not use this space.

22048

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township Salt River Mo — Primary Registration District No. 3002 — Registered No. 115

City Mexico Mo (No. 512, West Liberty St. Ward)

2. FULL NAME Edward Chalams Gladney

(a) Residence, No. 512 W. Liberty 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lela Elizabeth Gladney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1876 April 8th

7. AGE: YEARS 59 — MONTHS 3 — DAYS 18 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway Worker

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) (STATE OR COUNTRY): South Caroliana

FATHER

13. NAME: Thomas Gladney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

MOTHER

15. MAIDEN NAME: Mattie Harvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

17. INFORMANT (ADDRESS): Thomas Gladney, 512 W. Liberty St. Mexico, Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL

PLACE Reddick, Fla. DATE ..., 19..

19. UNDERTAKER (ADDRESS): Chas. Arnold Jr. Mexico, Mo.

20. FILED July 28, 1935 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935, to July 26, 1935

I last saw him alive on July 26-35, 19.. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Sunstroke — Date of onset: July 26-35 about 1 hr before death

Other contributory causes of importance:

191

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 Working at hot sun

(Signed) J. H. Garrell, M. D.

(Address) Mexico Mo.