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.

DEC 11 1935

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

Do not use this space.

35208

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 11[illegible]

City St. Joseph, Mo. (No. 1805 Pacific St. Ward)

2. FULL NAME Gladys Lucille Hartwell

(a) Residence, No. 1805 Pacific 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: Female
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) Sept. 5th 1926

7. AGE — YEARS: 9 — MONTHS: 2 — DAYS: 6 — 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.

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) St. Joseph, Mo.

FATHER

13. NAME Andrew E. Hartwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

MOTHER

15. MAIDEN NAME Leah Hausman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Faucett, Mo.

17. INFORMANT (ADDRESS) Mr. A. E. Hartwell 1805 Pacific

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Nov. 11 th 1935

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 Calhoun

20. FILED 12-11 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1935, to ....., 19....

I last saw her alive on Nov. 9 1935. Death is said to have occurred on the date stated above, at 1.30A m.

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

Diphtheria — Date of onset

10

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture from throat Was there an autopsy? No

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? No

If so, specify .....

(Signed) M. L. Hartwell D.O., M. D.

(Address) 2324 Goff Ave.