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.

MAR 18 1936

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

Do not use this space.

5406

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township — Primary Registration District No. 4185 — Registered No. 18
City Albany (No. , St. Ward)

2. FULL NAME Ellen Robinson Gadd

(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: 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 Frank Gadd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1849

7. AGE — YEARS: 86 — MONTHS: 8 — DAYS: 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Licking County Ohio

FATHER
13. NAME John Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Rachel Gardiner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mark Robinson Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE Mar. 1 1936

19. UNDERTAKER (ADDRESS) Clifford Brooks Albany, MO.

20. FILED Mar. 4 1936 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Feb 29, 1936. I last saw her alive on Feb 29, 1936. Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1935
131	

Other contributory causes of importance:

Influenza

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? 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) James N Barger, M. D.
(Address) Albany Mo