

APR 21 1936

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

Do not use this space.

9107

1. PLACE OF DEATH

County Atchison Co. Registration District No. 17
Township C 4 to 22 N Primary Registration District No. 0021
City Nishnaubee (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Gladys Elbe Pawlings
(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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of (or) wife of) Elbe Pawlings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 11 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) March 1936 11. Total time (years) spent in this occupation. 5 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Ill.
13. NAME Ver. Dellow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Vivly Bellinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freemont Co.
17. INFORMANT (ADDRESS) Gladys Pawlings
18. BURIAL, CREMATION, OR REMOVAL PLACE Sedney Ia Date March 24 1936
19. UNDERTAKER (ADDRESS) Paul C. Shroyer
Hamburg Iowa
20. FILED 3-22 1936 Walter B. Black
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 193622. I HEREBY CERTIFY, That I attended deceased from March 16 1936, to March 22, 1936I last saw her alive on March 22, 1936 Death is saidto have occurred on the date stated above, at 10:15 a.m.

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

Broncho Pneumonia Date of onset 3 20 36
1070

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936Where 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? noIf so, specify _____ (Signed) Queen Hunter, M. D.(Address) 7 Ferguson 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.

