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

JUL 3 1936

Do not use this space. 11615-a

1. PLACE OF DEATH

County: Miller
Township: Richwood
City: Dixon R.4. (No. ..... St. ..... Ward)

Registration District No. 562
Primary Registration District No. 5757

File No. .....
Registered No. .....

2. FULL NAME Gladys Mable Wilson

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem	w	S

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF S

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	16	4	3	

OCCUPATION

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

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) Miller Co Mo

FATHER

13. NAME Mr. Kinley Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

MOTHER

15. MAIDEN NAME Mae Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT Mr. Kinley Wilson
(ADDRESS) Dixon Mo. R4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawson Cem DATE Mar. 24, 1936

19. UNDERTAKER Leonard Berry
(ADDRESS) Dixon Mo. R.4.

20. FILED July 7, 1936 Mrs. W. A. von Trump
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1936, to 3-23, 1936
I last saw her alive on 3-22, 1936. Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Influenza)	

Other contributory causes of importance:

Broncho-Pneumonia

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 .....
(Signed) G. W. Duncan, M. D.
(Address) Iberia 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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