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

Do not use this space.

23008

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JUL 24 1936

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. .....

Township Kaw — Primary Registration District No. ..... — Registered No. .....

City Kansas City (No. 3119 Euclid St. ..... Ward)

2. FULL NAME Mollie Gladstone

(a) Residence, No. 3119 Euclid St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis Gladstone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15, 1875

7. AGE: YEARS 60 — MONTHS 11 — DAYS 4 — 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): Lithuania

FATHER

13. NAME: Samuel Werby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

MOTHER

15. MAIDEN NAME: Ida
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

17. INFORMANT (ADDRESS): Bertha Gladstone 3119 Euclid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem. DATE ....., 19....

19. UNDERTAKER (ADDRESS): J. P. Louis Funeral Home Cuba

20. FILED 6-20, 1936 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-19-, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to June 19, 1936
I last saw her alive on June 15, 1936. Death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/26/36

Other contributory causes of importance:
Arteriosclerotic
Hypertension - Diabetes
Mellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? Pyx & Lab. 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) Robert C. McClanahan, M. D.
(Address) 1024 25 Professional Bldg