

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.

OCT 1 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33500

1. PLACE OF DEATH

County Worth
 Township Middlefork
 City Worth (No.)

Registration District No.
 Primary Registration District No.

File No.
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. Gladstone
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6 - 1858
 7. AGE YEARS 78 MONTHS 4 DAYS 23 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

House wife

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth Missouri
 13. NAME W. W. Walker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Ruth Ann Thomas
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT Ruth Canaday (ADDRESS) Worth, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Knox Cem. DATE Sept 1 1936
 19. UNDERTAKER Hayes Andrews (ADDRESS) Worth, Mo.
 20. FILED 9-9 1936 Fra. Muel Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936, to Aug 29 1936
 I last saw her alive on Aug 29 1936 Death is said

to have occurred on the date stated above, at 2:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic endocarditis

Date of onset

Other contributory causes of importance:

Apoplexy, Stroke

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? No
 If so, specify Charles N. Williamson (Signed) County Mo (Address) Mo

