MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 5096

Township: — Primary Registration District No.: 1001 — Registered No.: 180

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Gladys E. Prawl

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

Length of residence in city or town where death occurred yrs. mos. 7 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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John D. Prawl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 7, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
✓	36	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher English & Music, Oneida, Kansas
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public School.
10. Date deceased last worked at this occupation (month and year): Unk.
11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Everest, Kansas

FATHER

13. NAME: G.D. Bollinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Everest, Kansas

MOTHER

15. MAIDEN NAME: Emelia Geiger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Everest, Kansas

17. INFORMANT (ADDRESS): John D. Prawl, Oneida, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Everest, Kansas DATE: Feb. 13, 1937.

19. UNDERTAKER (ADDRESS): Walter Meinhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 2/13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 11, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1937, to Jan 30 Pt returned to hospital Feb 3-1937, 1937
I last saw him alive on February 10, 1937. Death is said to have occurred on the date stated above, at 6.35 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Peritonitis	Jan.
following miscarriage	19
due to large fibroids	1937

Other contributory causes of importance: Degeneration of fibroids

Name of operation: none other than Packing of Uterus 3-4 times + 30 ft
What test confirmed diagnosis? Was there an autopsy? Bacteriologic

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) Charles Yager, M. D.
(Address) 701 Faraon St. St. Joseph, 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.