

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.

MAY 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 15378
Township Franklin Primary Registration District No. 1002 Registered No. 1937
City Franklin (No. 7 C General Hosp) St. Mo Ward

2. FULL NAME

Senia Ruth Gledswothy
(a) Residence, No. 3816 E 19th 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edw. J. Gledswothy</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7 1896</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
<u>5</u>	<u>40</u>	<u>9</u>	<u>5</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	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) <u>Mo</u>					
FATHER	13. NAME <u>Grant J. Afferty</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>				
MOTHER	15. MAIDEN NAME <u>Nannie Davis</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>				
17. INFORMANT (ADDRESS) <u>Dr. W. C. Clark</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frank Hills</u> DATE <u>4-13-37</u>					
19. UNDERTAKER (ADDRESS) <u>Quirk-Tollie Co</u> <u>20 W. Kinwood P.O. MO</u>					
20. FILED <u>Apr 23 1937 M.M. Gorman</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-17 1937 to 4-22 1937
I last saw h. alive on 4-22 1937 Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:
Post operative Hypertension
Subinv. uterus 54B
non malignant
Other contributory causes of importance:
Acute Generalized Peritonitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) P. J. De Munn M. D.
(Address) Sup't K.C. Gen Hosp

