

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

Do not use this space.

JUL 31 1937

1. PLACE OF DEATH
 County Ralls Registration District No. 728
 Township Clay Primary Registration District No. 5961
 City (No.) St. Ward

File No. 24661
 Registered No. 176

2. FULL NAME Gladys Marie Newlon
 (a) Residence, No. Hannibal, Mo. R 704 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1915
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 3 9

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) Ralls Co., Missouri

FATHER 13. NAME Thos. P. Newlon

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co., Missouri

MOTHER 15. MAIDEN NAME Lottie Bramblett

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co., Missouri

17. INFORMANT (ADDRESS) Mr. Thos. P. Newlon, 24 Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braunton DATE June 18, 1937

19. UNDERTAKER (ADDRESS) Wm M Smith, 922 Broadway, Hannibal, Mo.

20. FILED 6/16/37 Marion Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1937

I HEREBY CERTIFY, that I attended deceased from June 1, 1937 to June 16, 1937
 I last saw her alive on June 13, 1937 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B Date of onset 1920

Other contributory causes of importance:

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) W B Norton M. D.
 (Address) Hannibal, Mo.

N. E.—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.

