NOV 23 1937

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

Do not use this space.

38612

1. PLACE OF DEATH
County Reynolds — Registration District No. 954 — File No. 29
Township Carroll — Primary Registration District No. 5979a — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Gladys Stella Nappier
(a) Residence. No. Bunker, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Clifford Nappier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) [illegible] 1907

7. AGE: 5 — YEARS: 29 — MONTHS: 11 — DAYS: [illegible] — [illegible] day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): her home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co., Mo.

PARENTS
10. NAME OF FATHER George Botkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co., Mo
12. MAIDEN NAME OF MOTHER Lula White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co., Mo

14. INFORMANT Clifford Nappier
(Address)

15. FILED Nov 2, 1937 Dorleskia Peck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31, 1937.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

T. B. Pulmonary

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [illegible]

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH same place
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. L. Henson, M. D.
, 19 (Address) Bunker, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS