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.

REC'D JUN 22 1938

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

Do not use this space.

File No. 18746

Registered No.

1. PLACE OF DEATH

County: Lincoln — Registration District No. 491

Township: Bedford — Primary Registration District No. 4298

City: Troy Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Forest Colby Gladney

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

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 2 1889

7. AGE: Years 49 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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): May 17, 1938

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elsberry Missouri

FATHER

13. NAME: Charles Gladney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elsberry Missouri

MOTHER

15. MAIDEN NAME: May Viletta Adkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Utah

17. INFORMANT (ADDRESS): Sidney Gladney Briscoe Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Gladney Cem. DATE: May 19, 1938

19. UNDERTAKER (ADDRESS): Wayne McCoy Troy Mo.

20. FILED May 18, 1938 Mrs Pearl Muck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17, 1938

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ last saw him ~~alive on~~ ~~, 19..~~ Death is said ~~to have occurred on the date stated above, at ..... m.~~ ~~The principal cause of death and related causes of importance were as follows:~~

Coroner's verdict death cause death as result of being struck while riding in a Ford automobile on highway 47 by a large touring automobile driven by

Date of onset

~~Other contributory causes of importance?~~ by E. R. Fitts of Moscow, Illinois

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide?~~ Date of injury May 17, 1938

Where did injury occur? Troy Lincoln Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: auto. accident

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify:

(Signed) [illegible] M. D.

(Address) Old Monroe, Mo.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

18746
Do not use this space.

1. PLACE OF DEATH
(a) County Lincoln — Registration District No. 491
(b) Township — Primary Registration District No. 4298 — Registered No.
(c) City Troy — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Forest Colby Gladney
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-21-1889

7. AGE: YEARS 6 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gladney Cem. DATE May 19 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED May 18 1938 Mrs Pearl Muck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Wednesday ..., 19..
I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

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) C. C. Neunlist, M. D.
(Address) Old Monroe Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.