

REC'D OCT 24 1938

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

32563  
Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE Registration District No. 1042  
(b) Township HOOKER Primary Registration District No. 6614 Registered No. 8  
(c) City..... (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 GLADYS IRENE HART 620

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 8 - 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
19 2 21

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. House work  
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) PHILLIPSBURG Mo.

FATHER 13. NAME TROY BROWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLK Co. Mo.

MOTHER 15. MAIDEN NAME DORA WORLEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JASPER Co Mo

17. INFORMANT (ADDRESS) TROY BROWN CORNERY Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE BOLES CEMETERY DATE OCT 12 1938

19. FUNERAL DIRECTOR (ADDRESS) Palmer Lebanon Mo.

20. FILED 10/6 1938 Josephine Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1938 to Sept 28 1938. I last saw h. alive on Sept 29 1938 Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Lobar Pneumonia  
108

Date of onset Sept 18

Other contributory causes of importance: none

Name of operation..... Date of.....  
What test confirmed diagnosis? Physician's report 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....., 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 none  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Palmer Lebanon Mo. M. D. (Address) Lebanon

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-212

Date Filed 11-11-38

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed S. R. Palmer

Licensed Embalmer No. 2208

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)