

RECD JUN 14 1939

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

20090
Do not use this space.

1. PLACE OF DEATH
 (a) County North Registration District No. 983
 (b) Township Witchell Primary Registration District No. 6212
 (c) City or _____ (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 H32 Alexander Gladstone
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mancy Jane Gladstone
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1854
 7. AGE YEARS 85 MONTHS 1 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lived with son
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 29, 1939 to May 3, 1939
 I last saw him alive on April 29, 1939. 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:
Arterial Sclerosis
enlarged heart
with Myocardium
 Date of onset _____
 Other contributory causes of importance:
Senility
Disturbance of mental condition
 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) John Madras M. D.
Frank P. _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Ontario, Canada
 13. NAME Walter Gladstone
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 15. MAIDEN NAME Jane Easton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 17. INFORMANT (ADDRESS) W. A. Gladstone
Frank City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Good Cemetery DATE 5/5/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Dwyer
Frank City, Mo.
 20. FILED 6-9-39 Frank Mull Local Registrar

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.

RECEIVED

District Health Officer No. 111

District File Number ³⁹⁻⁶⁹³ ~~.....~~

Date Filed ^{JULY 14 1939} ~~.....~~

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Arch C. Dangle

Licensed Embalmer No. 3252

P. O. Address Goant City, Md.

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.)

If this body is not embalmed, above space should be left blank.