

FILED MAY 13 1940

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

15055

Do not use this space.

## 1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
(b) Township Arcadia Primary Registration District No. 4230 Registered No. 32  
(c) City Ironton (d) Street No. St. Mary's Hospital 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 640 Gladys Louise Brawley

(a) Residence, No. Ellington Mo. 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 Fem 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. 28, 1922  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
18 1 17

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) Ellington Mo. (STATE OR COUNTRY)13. NAME Thomas Brawley14. BIRTHPLACE (CITY OR TOWN) St. Francois Co. Mo. (STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Mann16. BIRTHPLACE (CITY OR TOWN) Reynolds Co. Mo. (STATE OR COUNTRY)17. INFORMANT Thomas Brawley (ADDRESS) Ellington Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ellington Mo. DATE April 19, 194019. FUNERAL DIRECTOR (NAME) Norman White & Sons (ADDRESS) Ironton Mo.20. FILED Apr. 22, 1940 Julia A. Gunton Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 194022. I HEREBY CERTIFY, That I attended deceased from April 16, 1940, to April 17, 1940

I last saw her alive on April 17, 1940. Death is said to have occurred on the date stated above, at 7:30 P.  
The principal cause of death and related causes of importance were as follows:

SepticemiaDate of onset 4-11-40

Other contributory causes of importance:

Miscarriage - 5 mos. pregnancyName of operation no Date of no  
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no23. 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? no  
If so, specify .....  
(Signed) Ben M. Bull, M. D.  
Ironton, Mo. Bull, M.D.

**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 *Charles J. White*  
Licensed Embalmer No. *3012*  
P. O. Address *Fronton, Ill.*

**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.**