

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

24527

3307

1. PLACE OF DEATH
 County Jackson Registration District No. 892 File No. 3307
 Township Raw Primary Registration District No. General Hospital Registered No. 3307
 City Kansas City (No. General Hospital) St. Ward

2. FULL NAME Florence Gladden
 (a) Residence. No. 2527 Chelsea St. Ward
 (Usual place of abode) (If nonresident give city or town and State)
 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 John Gladden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 | 8 | 4 | | |

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER J.B. Rainwater

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Walton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT John Gladden
 (Address) 2527 Chelsea ave.

15. FILED 7/10, 19 20 M. M. Crowe
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 19 20

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1920, to July 8, 1920 that I last saw her alive on July 8, 1920, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Intestinal obstruction
1253 109
Adhesions to tumor
in pelvis.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 6-1920

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operatory.
 (Signed) Legend Hamilton, M. D.
6/8, 1920 (Address) 825 Lathrop Bldg

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL July 9 1920

20. UNDERTAKER R. V. Lindsey ADDRESS 3809 Broadway

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.