

# Gladys Earney

Memorial

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Birth: Apr. 2, 1910  
Death: Sep. 3, 1931

Burial:  
[Barnicle Chapel Cemetery](#)  
Crawford County  
Missouri, USA

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Created by: [Sarah Woelfel](#)  
Record added: Jul 11, 2007  
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Added by: [Sarah Woelfel](#)



Cemetery Photo

Added by: [RUBY RED\\*](#)

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

Do not use this space.  
**30873**

**1. PLACE OF DEATH**

County Crawford Registration District No. 231 File No. \_\_\_\_\_  
 Township Murray Primary Registration District No. 5314 Registered No. \_\_\_\_\_  
 City St. Louis (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Madam, Elizabeth Ellen  
 (a) Residence, No. Steelville mo 2nd St 2 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 <u>W</u>	4. COLOR OR RACE <u>F</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arnold Ellen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-3-1910</u>		
7. AGE	YEARS <u>21</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) _____	11. Total time (years) spent in this occupation _____

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-1931  
 22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Sept 4, 1931.  
 I last saw her alive on Aug 15, 1931. Death is said to have occurred on the date stated above, at 9 P m.  
 The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Tuberculosis  
23A  
 Other contributory causes of importance \_\_\_\_\_  
 Date of onset Mar 1931

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford County</u>
	13. NAME <u>William Carney</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford</u>
	15. MAIDEN NAME <u>Lucie Hollands</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford County</u>
17. INFORMANT (ADDRESS) <u>My William Carney Steelville mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mourning Chapel</u> DATE <u>9/5</u> 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>Steelville mo</u>	
20. FILED <u>9-30</u> 19 <u>31</u> <u>E. K. Smith</u> Registrar.	

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Geo W Reers, M. D.  
 (Address) Steelville mo

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.

OCT 22 1931