

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

Do not use this space. 1396

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399 File No. 420  
 Township Rain Primary Registration District No. 1002 Registered No. 420  
 City Kansas City (No. Trinity Lutheran Hospital St. \_\_\_\_\_ Ward)

**2. FULL NAME** Horace S. Glaze  
 (a) Residence No. 5115 Baltimore 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **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** C. Ellen Glaze

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 16-1858

**7. AGE** YEARS MONTHS DAYS If LESS than day, \_\_\_\_ hrs. or \_\_\_\_ min.  
69 8 14

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Monument Dealer  
 (b) General nature of industry, business, or establishment in which employed (or employer) in Holdrege, Neb.  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Iowa

**10. NAME OF FATHER** E. D. Glaze

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

**12. MAIDEN NAME OF MOTHER** Elizabeth Holgren

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Dant Kwan

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** January 30 1928

**17. I HEREBY CERTIFY** that I attended deceased from January 23 1928, to Jan 30 1928, that I last saw him alive on January 29 1928, and that death occurred, on the date stated above, at January 11 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
137 Myocarditis chronic  
925  
 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** Prostatectomy Benign Hypertrophy  
 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-27-28  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory  
 (Signed) W. Hoffmann, M.D.  
1/30, 1928 (Address) Holdrege, Neb.

\*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.

**14. INFORMANT** Charlotte Erickson **DATE OF BURIAL** \_\_\_\_\_  
 (Address) Holdrege Neb. Jan 30 1928

**15. FILED** 1/30 28 **19** M. M. Corwin **20. UNDERTAKER** R. J. Lunsberry & Sons  
Asst. REGISTRAR City

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.

MAR 27 1944