MAR 20 1928

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

File No. 4422

Registered No. 114

1. PLACE OF DEATH
County: Cooper
Registration District No. 218
Primary Registration District No. 3215
Township:
City: Boonville Mo. (No. ..... St. ..... Ward)

2. FULL NAME: John P Glazier
(a) Residence. No. Boonville Mo. St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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.

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.

## 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~~: Anna Glazier

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1-1858

7. AGE: Years 69 | Months 7 | Days 20 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Mo

PARENTS
10. NAME OF FATHER: Chas. Glazier
11. BIRTHPLACE OF FATHER (~~CITY OR TOWN~~) (STATE OR COUNTRY): Pennsylvania
12. MAIDEN NAME OF MOTHER: Frances Parsons
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Mrs. H. C. Meek
(Address): Boonville Mo

15. FILED: 2-21-1928 [signature] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1928, to Feb 19, 1928, that I last saw him alive on Feb 19, 1928, and that death occurred, on the date stated above, at 3.4. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
935
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) C. H. van Ravenaway, M. D
2/20, 1928 (Address) Boonville Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Walnut Grove Cemetery
DATE OF BURIAL: Feb 21 1928
20. UNDERTAKER: Goodman & Boller
ADDRESS: Boonville Mo