

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

Do not use this space.

+ 28356

**1. PLACE OF DEATH**

County Marion  
Township Mason  
City Hannibal (No. 1805 Broadway)

Registration District No. 547  
Primary Registration District No. 3029

File No. \_\_\_\_\_  
Registered No. 174  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Walker Glass

(a) Residence. No. 1805 Broadway 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. L. Glass (Dec.)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	78	8	7	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Hannibal  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Glass

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Mary Jane Fry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

14. INFORMANT Walter L. Glass  
(Address) Hannibal Mo.

15. FILED Aug 14 1929 C. E. Cooney REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1929, to Aug 13, 1929 (that I last saw her alive on May 21, 1929, and that death occurred, on the date stated above, at 8:40 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

50  
carcinoma of l. breast  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

47  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) E. S. Ross, M. D.

Aug 13, 1929 (Address) Hannibal, 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 New London (Bankly) DATE OF BURIAL Aug. 15 1929

20. UNDERTAKER Wm M. Smith ADDRESS Hannibal 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.

64  
19  
55  
88

2-235  
1-1-2

