

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

Do not use this space.
1915

PLACE OF DEATH

County Missouri Registration District No. 566
 Township 15 Primary Registration District No. 3762
 City Bertrand (No.) St. Ward)

File No. 10
 Registered No.
 St. Ward)

2. FULL NAME Thilli Frances Glass
 (a) Residence. No. St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Leslie Glass

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17, 1903

7. AGE YEARS 26 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

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) Dixon County
 (STATE OR COUNTRY) Mo Tennessee

10. NAME OF FATHER William Scott

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

12. MAIDEN NAME OF MOTHER Marian Myers

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

14. INFORMANT X Mrs. J. F. Glass
 (Address) X Bertrand Mo.

15. FILE Jan 21 1930 J. S. Vernon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH R.P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/20 A 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1930 to Jan 20 1930.
 that I last saw her alive on Jan 20, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

22 Tetanus of 9
 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) not known
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) A. A. Mayfield M. D.

Jan 21 1930 (Address) Bertrand 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 Dak Grove DATE OF BURIAL 1/21 1930

20. UNDERTAKER L. W. Udell ADDRESS Charleston

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.

WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 19 1930

Ed. M. Kelly