

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

Do not use this space.

12369

MAY 26 1930

1. PLACE OF DEATH Grundy
 County Grundy Registration District No. 330
 Township Grundy Primary Registration District No. 3017
 City Grundy (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME Everett B Glaze
 (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 ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

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 Mrs. Anna Glaze
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1882 Nov 8
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 5 10
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Railroad
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grundy Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Geo Glaze

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

12. MAIDEN NAME OF MOTHER Dora B Melburn

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

14. INFORMANT Nell Glaze
 (Address) Grundy Mo

15. FILED Apr 22 1930 E. A. Duffly
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1930
 I HEREBY CERTIFY, That I attended deceased from Jan 20 1930 to Apr 18 1930
 that I last saw him alive on Apr 18 1930, and that death occurred, on the date stated above, at 9:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplectic Stroke
11B
132A (duration) 2 or 3 hours yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Influenza; Arterial hypertension
Nephritis (duration) several months 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 Lab.
 (Signed) DR Rocks M. D.
4/21, 1930 (Address) Grundy 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 Maple Grove
 DATE OF BURIAL April 20 1930

20. UNDERTAKER M N Ross
 ADDRESS Grundy

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.

