

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

16936

1. PLACE OF DEATH

County *Franklin*  
Township *Bragg*  
City *Bragg*

Registration District No. *653*  
Primary Registration District No. *5871*

File No. \_\_\_\_\_  
Registered No. *52*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Arnold Lee Glass, Jr.*

(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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 10, 1930*

7. AGE YEARS MONTHS DAYS If LESS than 1/2 day, hrs. or min.  
*0 0 0 6 30*

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Bragg City, Mo.*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Arnold Lee Glass*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Clair, Mo.*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Delma Lee Feltman*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Carbon Hill, Ala.*  
(STATE OR COUNTRY)

14. INFORMANT *W. G. Glass*  
(Address) *Bragg City, Mo. R. 1.*

15. FILED *5-10-1930* REGISTRAR *J. Johnson*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 10, 1930*

17. I HEREBY CERTIFY, That I attended deceased from *May 10, 1930* to *May 10, 1930* that I last saw him alive on *May 10, 1930*, and that death occurred, on the date stated above, at *7:15 a. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Traumatic Pneumonia  
Produced in parturition  
1911s  
1600 (duration) yrs. mos. 1 ds.  
CONTRIBUTORY (SECONDARY) 10/13 (duration) yrs. mos. ds.*

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

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *J. Johnson* M. D.  
*5-10-1930* (Address) *Bragg, 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 *Franklin County* DATE OF BURIAL *5-10-1930*

20. UNDERTAKER *Delma Feltman* ADDRESS *Carbon, Ala.*

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 PLAINLY, WITH OMISSIONS UNLESS THIS IS SPECIFICALLY REQUESTED

