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

Do not use this space.

18354

1. PLACE OF DEATH
County Sullivan — Registration District No. 857
Township — Primary Registration District No. 4517
City Humphreys (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Sarah M. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Conrad Glaze

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housekeeper
(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) Sull. Co. Mo.

PARENTS
10. NAME OF FATHER: A C Crane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER: Susan J Crane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs. Emma E. Dillinger
(Address) Humphreys Mo.

15. FILED 5/21, 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1930, to May 5, 1930 that I last saw her alive on May 5, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicaemia
152 B
36 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Inguinal abscess
..... (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF April 25-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. L. Haning, M. D.
5/6, 1930 (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: Glaze Cemetery
DATE OF BURIAL: May 7 1930

20. UNDERTAKER: P K Payne & Son
ADDRESS: Galt 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.