

SEP 26 1930

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

Do not use this space.

Mr. Kane
27532

File No. _____
Registered No. 214
St. _____ Ward _____

1. PLACE OF DEATH
County Pitts Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 654 E 13th) St. _____ Ward _____

2. FULL NAME Elna Clara Glascock

(a) Residence. No. _____ St. _____ Word _____
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. J. B. Glascock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>38</u>	<u>6</u>	<u>16</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(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) mo

PARENTS	10. NAME OF FATHER <u>Monroe Stillman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>mo</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Tall</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ill</u>

14. INFORMANT Jas E Glascock
(Address) Sedalia mo

15. FILED 8-29 1930 J. Lora REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1929 to Aug 23 1930 and that I last saw her alive on Aug 23 1930 and that death occurred, on the date stated above, at 4:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pulmonary tuberculosis
23A
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Same
(duration) _____ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Cluie's Laboratory
(Signed) Clifford B. Kane M. D.
, 19 (Address) 301 S Ohio

*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 Union DATE OF BURIAL 8/25 1930

20. UNDERTAKER Gillespie ADDRESS Sedalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

