

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 20 1930

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

Do not use this space.

35481

1. PLACE OF DEATH

County Butter Registration District No. 90
Township Cash Hill Primary Registration District No. 5134C
City (No.) St. Ward)

File No.
Registered No. 12

2. FULL NAME

Junior L. D. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan 13: 1928

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13: 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 10 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Butter City
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Jretis Glass

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no

12. MAIDEN NAME OF MOTHER Verie Shinkard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no

14. INFORMANT Jretis Glass
(Address) Pauline no

15. FILED 11/6, 1930 Nora J. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5th 30

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 1930 that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 5- P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malaria
38 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 5 (duration) 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 The smears
(Signature) J. D. Smith, M. D.
, 19 (Address) Pauline no

*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 Wool Hill DATE OF BURIAL 11-6 1930

20. UNDERTAKER no ADDRESS

