

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

Do not use this space.

36352

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 1812 Howard)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4762
St. _____ Ward _____

2. FULL NAME

Getta Dillard

(a) Residence, No. 1812 Howard St., 4 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

fe

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

unk 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>64</u>			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(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)

Missouri

10. NAME OF FATHER

Jas. W. Glasgow

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

Mo.

12. MAIDEN NAME OF MOTHER

Frankie Hayes

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

Mo.

14. INFORMANT (Address)

Odella Marshall
1812 Howard

15. FILED

11/25 1930 M. M. Kerowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/22 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/5 1930 to 11/22 1930
that I last saw her alive on 11/22 1930 and that death occurred, on the date stated above, at 1:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis, generalized.
(duration) yrs. mos. ds. _____
CONTRIBUTORY cerebral hemorrhage
(SECONDARY) (duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED

At Home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) W. H. Hillman

11/24 1930 (Address) 1618 Lydia

*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

DATE OF BURIAL

Highland Cem. 11/25 1930

20. UNDERTAKER

ADDRESS

Watkins & Brodhead, Co. 1729 Lydia

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.

Tillman