

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

Do not use this space.

39941

1. PLACE OF DEATH

County Lawrence
Township Beck Prairie
City Marionville

Registration District No. 468
Primary Registration District No. 4281

File No.
Registered No. 29
St. Ward)

2. FULL NAME

(a) Residence. No. Jimmie Dean Glidewell St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 3 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) Feb. 19th 1990

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 3

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) Marionville
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Melton Glidewell

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

12. MAIDEN NAME OF MOTHER Ruby Clunker

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

14. INFORMANT John Melton Glidewell
(Address) Marionville Mo.

15. FILED Jan 19 31 R. Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1930, to Dec 22, 1930.
that I last saw him alive on Dec 21st, 1930, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelctasis

161A

CONTRIBUTORY (SECONDARY) 162
(duration) yrs. 1 mos. 3 ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms
(Signed) F. W. Lester, M. D.
.19 (Address) Marionville 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 Marionville Mo DATE OF BURIAL Dec 28 1930

20. UNDERTAKER Bracewell ADDRESS Marionville 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.

JAN 20 1931

