

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

Do not use this space.

28720

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township North Mt. Vernon Primary Registration District No. 3633
City (No. _____) St. _____ Ward _____

File No. 57
Registered No. _____

2. FULL NAME

Maria Gliner
(a) Residence, No. 315 E. Johnson St. Ward. Sealedia, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 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) March 9 - 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sealedia, Mo.

FATHER 13. NAME Charles Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithton Mo.

MOTHER 15. MAIDEN NAME John Augustine Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Ind.

17. INFORMANT (ADDRESS) Mo. State San. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Sealedia DATE 8-24 1911

19. UNDERTAKER (ADDRESS) Phillips & Foxworth

20. FILED Sept 10, 1931 W. J. Fulton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1931

22. I HEREBY CERTIFY, That I attended deceased from April 14 1931 to Aug 23 1931. I last saw her alive on Aug 23 1931. Death is said to have occurred on the date stated above, at 4:37A.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis.
Pulmonary Hemorrhage.
Other contributory causes of importance:
DB

Date of onset
March 1930
July 1931

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. E. Johnson, M. D.
(Address) Mo. State San. Mt. Vernon 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.

SEP 22 1931

