WHITE 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.

FEB 25 1932

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

Do not use this space.

41641-A

1. PLACE OF DEATH

County Montgomery — Registration District No. 594 — File No.

Township Loutre — Primary Registration District No. 4351 — Registered No. 18

City [illegible] (No. , St. Ward)

2. FULL NAME Marie Gloe,

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19th 1855

7. AGE: YEARS 76 — MONTHS 00 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 76

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

FATHER

13. NAME Theodore Elsenrath,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

MOTHER

15. MAIDEN NAME Elizabeth Niehaus,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Martin Gloe, Bluffton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Starkenburg DATE 12/28 1931

19. UNDERTAKER (ADDRESS) Bart Baker, Americus Missouri

20. FILED 12 1931 O. R. Ranschelbach, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to December 26 1931

I last saw her alive on December 25, 1931 Death is said to have occurred on the date stated above, at 12.05A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis	7-31
131 / 31	
97	

Other contributory causes of importance:

Arterio schlerosis	Don't Know

Name of operation - - - Date of

What test confirmed diagnosis? - - Was there an autopsy? No

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?

If so, specify

(Signed) C. B. Nichols, M. D.

(Address) Rhineland, Missouri