

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

Do not use this space.

11325

1. PLACE OF DEATH
 105 County Sullivan Registration District No. 853
 Township Liberty Primary Registration District No. 6117
 City No. _____ St. _____ Ward _____

2. FULL NAME Granville Jones Glidewell
 (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 75 yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>4</u>	<u>21</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Sullivan, Co., Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. B. Glidewell

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

12. MAIDEN NAME OF MOTHER Virginia Reger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan County, Mo.
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Granville J. Glidewell
 (Address) Harbo, Mo

15. FILED 3/30 1932 Wm. J. Craft
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27, 1932
 17. I HEREBY CERTIFY, That I attended deceased from March 3, 1932 to March 27, 1932
 that I last saw him alive on March 19, 1932 and that death occurred, on the date stated above, at 11:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Throat Paralysis
11.5 hrs
162 (duration) yrs. mos. ds.
 CONTRIBUTORY old age
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1150 (1)
 IF NOT AT PLACE OF DEATH _____
 0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 * WHAT TEST CONFIRMED DIAGNOSIS? St. B. Bradley, M. D.
 (Signed) _____
3/28, 1932 (Address) Harbo, 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 <u>Thomas Cem.</u>	DATE OF BURIAL <u>Mar. 30, 1932</u>
20. UNDERTAKER <u>C. A. Schoene</u>	ADDRESS <u>Milans, Mo</u>

APR 30 1932

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Information should be carefully supplied. AGT should be a

**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Sullivan
Township Liberty
City (No.) (St.) (Ward ..)

Registration District No. 85-3
Primary Registration District No. 6117

File No.
Registered No.

2. FULL NAME

Granville Jones Glidewell

(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) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75- 4 21

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

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

13. NAME Wm B. Glidewell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

15. MAIDEN NAME Virginia Preger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo

17. INFORMANT (ADDRESS) Mrs Granville Glidewell

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Thomas Camp Mar 30 1932

19. UNDERTAKER (ADDRESS) C. A. Schoene

20. FILED 5-10 1932 Registrar W. W. Widener

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932 to Mar 27, 1932

I last saw him alive on Mar 19, 1932 Death is said to have occurred on the last stated above, at 11:20 P.M.

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

Throat paralysis (Date of onset ..)

Other contributory causes of importance: Old age

Name of operation no 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) U. S. Bradley, M. D.
(Address) Harris Mo
3/28/32

INSTRUMENTAL INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT OF OCCUPATION SHOULD BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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