

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

Do not use this space.

14215

**1. PLACE OF DEATH**

County ..... Registration District No. 781  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. 1913 Hickory Street)

File No. ....  
 Registered No. 3550  
 St. .... Ward)

**2. FULL NAME** Earl Franklin Glover

(a) Residence, No. 1913 Hickory St. 22 Ward.

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Estelle Glover</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 1896</u>		
7. AGE	YEARS	MONTHS
	<u>35</u>	<u>8</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman 192</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ice Cream Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1932</u>	11. Total time (years) spent in this occupation. <u>2</u>

12. BIRTHPLACE (CITY OR TOWN) Hannibal  
 (STATE OR COUNTRY) Missouri

13. NAME Charles Glover

14. BIRTHPLACE (CITY OR TOWN) Hannibal  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Kate Huff

16. BIRTHPLACE (CITY OR TOWN) Hannibal  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Kate Edwards  
 (ADDRESS) 1913 Hickory

18. BURIAL, CREMATION OR REMOVAL  
 PLACE H. Matthews DATE 4/17 1932

19. UNDERTAKER A. H. McLaughlin  
 (ADDRESS) 1631 Missouri Ave

20. FILED May 1932  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1932 to 4-10 1932

I last saw him alive on 4-10 1932 Death is said to have occurred on the date stated above, at 730 P.M.

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

Lobar pneumonia Date of onset 4/3

Other contributory causes of importance:

Primary tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis clinical 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) Joseph B. Giles M. D.

(Address) 740 Chestnut Ave

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.

RECORDING INFORMATION IS A PERMANENT RECORD

