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 23 1933

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

Do not use this space.

1. PLACE OF DEATH
35 County Dunklin
7 Township Ind
4 City Kennett, Mo. (No. ..... , ... St. ..... Ward)

Registration District No. 288
Primary Registration District No. 4172

File No. 39122
Registered No. .....

2. FULL NAME Rosetta Glass

(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 Fem
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 Marvin Glass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15-1911

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Mo

FATHER
13. NAME P. A. McCeam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 3 1

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Marvin Glass Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portage Vicce Mo DATE Dec 9th 1932

19. UNDERTAKER (ADDRESS) County

20. FILED Dec 10, 1932 Wheeler Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Dec 8, 1932
I last saw her alive on Dec 8, 1932. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	Dec 3-32
38 38 141 107A	
Other contributory causes of importance:	
Premature Labor and Malaria	Dec 4-32

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

3

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George W. Gilmore, M. D.
(Address) Kennett Mo