

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.

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

Do not use this space.

29610

1. PLACE OF DEATH

County Galloway Registration District No. 399
Township Yale Primary Registration District No. 1001
City Kansas City (No. 420 General Hosp) St. 1705 Ward

2. FULL NAME

William Glade
(a) Residence, No. 2413 Charlotte St. 3 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 16 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12-75

7. AGE YEARS 58 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Ill 2

13. NAME Harry Glade

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 31

17. INFORMANT (ADDRESS) Reverend Clerk
1225 S. 1st St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 12-9-32 19

19. UNDERTAKER (ADDRESS) Fruit & John

20. FILED 12/9/32 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1932 to 12-8, 1932

I last saw him alive on 12-8, 1932 Death is said

to have occurred on the date stated above, at 6:45 a.m.

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

Tuberculous Pneumonia Date of onset

Other contributory causes of importance: 23 1

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) J. H. Bennett M. D.

(Address) 1225 S. 1st St. Kansas City, Mo.

