

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

16313

File No. 13
Registered No. _____

1. PLACE OF DEATH

39 County GREENE Registration District No. 320
Township CENTER Primary Registration District No. 5443
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

JACK GLORE
(a) Residence, No. Bois Dore No St. _____ Ward _____
(Usual place of abode)
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. ✓
(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) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-24-1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
✓ ✓ ✓ 1

OCCUPATION
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. None
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) Bois Dore Missouri

MOTHER / FATHER
13. NAME FRANK GLORE

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

15. MAIDEN NAME MARIE GILMORE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAUTHRON ARKANSAS

17. INFORMANT Mrs. Frank Glore (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Clear Creek Cem DATE 5-25-1933

19. UNDERTAKER None (ADDRESS)

20. FILED 8/24/1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-24-1933 to 5-24-1933
I last saw him alive on 5-24-1933. Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

Premature Birth
5 1/2 mos.
159 Gestation
Other contributory causes of importance: 159
Date of onset _____

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) B. J. Glunde, M. D.
(Address) Bois Dore Mo

Registrar.

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.

JUN 22 1934

