

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

Do not use this space.

**23513**

**1. PLACE OF DEATH**

County Jasper  
Township Mineral  
City J.B.C. No. 1 (No. \_\_\_\_\_)

Registration District No. 413  
Primary Registration District No. 5559C

File No. \_\_\_\_\_  
Registered No. 25  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Carthage  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 Glenn Metsker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1910

7. AGE YEARS 23 MONTHS 5 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Sumner Mo

13. NAME San Ryan

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

15. MAIDEN NAME Emily Wheeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Records  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview DATE 7-22 1933

19. UNDERTAKER Ulmer - Morse  
(ADDRESS) Carthage Mo.

20. FILED Aug 12 1933 A. W. Weaver  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1933

22. I HEREBY CERTIFY That I attended deceased from July 16, 1933, to July 20, 1933

I last saw h. a. alive on July 20, 1933. Death is said to have occurred on the date stated above, at 2:05 m.

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

Pulmonary Tuberculosis  
2 3/4  
1905  
27  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Tuberculosis Entero - Colitic

Name of operation NO Date of \_\_\_\_\_  
What test confirmed diagnosis As Spr 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? NO

If so, specify Jesus C. Langston, M. D.  
(Signed) Will City  
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

23

178 n  
if in  
42 45

1992  
1993  
1994

