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

Do not use this space.

File No. 32066
Registered No. 179

1. PLACE OF DEATH
County Adair Registration District No. 4
Township Primary Registration District No. 3001
City Kirksville (No. , St. Ward)

2. FULL NAME Burnis Lauren Glaspie

(a) Residence, No. 1013 South Wabash 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.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		4	9	

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Walter Glaspie
14. BIRTHPLACE (CITY OR TOWN) Greentop (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Jewell Peters
16. BIRTHPLACE (CITY OR TOWN) Ardmore (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Walter Glaspie (ADDRESS) 1013 South Wabash. Kirksville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlop Mo DATE 10-17- 1933

19. UNDERTAKER Dee Riley (ADDRESS) Kirksville Mo

20. FILED Oct 18 1933 Mrs C. H Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16- 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1933 to Oct 16 1933
I last saw him alive on Oct 16 1933. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
104	
105	
107	

Other contributory causes of importance:
Malnutrition

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? No
If so, specify
(Signed) John H Hyde D.O.
(Address) Kirksville Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD