

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

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.

NOV 10 1933

235-22249

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

Glaze
Do not use this space.

34046

1. PLACE OF DEATH
 County Pike Registration District No. 668
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. 702 So Ky. St. _____ Ward _____)
 2. FULL NAME Margaret Holbert
 (a) Residence, No. 702 S Ky 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.

File No. 243
 Registered No. 668

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. E. P. Holbert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 16
 8. Trade, profession, or particular kind of work done, as aptaner, sawyer, bookkeeper, etc. At Home
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933, to Oct 8, 1933
 I last saw him alive on Oct 8, 1933. Death is said to have occurred on the date stated above, at 8:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
92A
92
 Other contributory causes of importance:
 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 _____
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) Lowell Glaze D.O.
 (Address) Sedalia Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa
 13. NAME John Fletcher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa
 15. MAIDEN NAME Marian Garrison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa
 17. INFORMANT Marg E P Holbert
 (ADDRESS) Sedalia Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE 10/11/33
 19. UNDERTAKER Theresa Linn
 (ADDRESS) Sedalia Mo
 20. FILED 10-11, 1933 Jean Slack
 Registrar.

