MISS[illegible] STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35519

1. PLACE OF DEATH
County Adair — Registration District No. [illegible] — File No.
Township Wilson — Primary Registration District No. 50[illegible] — Registered No.
City (No. , St. Ward)

2. FULL NAME William Thomas McGlothlin
(a) Residence. No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
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 Margaret McGlothlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2" 1862

7. AGE: YEARS 71 — MONTHS 2 — DAYS 24 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Mo.

PARENTS
10. NAME OF FATHER Benj McGlothlin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ✓

14. INFORMANT Geo Rose
(Address) Hurdland, Mo

15. FILED 11-30, 1932 M C Duff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1933, to Nov. 26, 1933, that I last saw him alive on Nov. 26, 1933, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage (duration) yrs. mos. 14 hrs.

CONTRIBUTORY (SECONDARY) General arteriosclerosis, Chronic myocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Eleanor H. Beamer, M. D.
11/28, 1933 (Address) Gibbs, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Union Cemetery — DATE OF BURIAL: 11/28 1933

20. UNDERTAKER: F. R. Easley — ADDRESS: Bracken.

NOTE—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.

[illegible] CONFADING INK—THIS IS A PERMANENT RECORD

JAN 3 1934

JAN 8 1934