

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

Do not use this space.

36151

1. PLACE OF DEATH

County Franklin
Township Central
City (No.) St. Ward)

Registration District No. 294
Primary Registration District No. 5409-B

File No.
Registered No. 427

2. FULL NAME

Vadav Glass
(a) Residence, No. 729 South-4th St., St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> (OR) WIFE OF <u>William Glass</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1893</u>					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>				
	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) <u>MISSOURI</u>					
FATHER	13. NAME <u>John Yeager</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>				
MOTHER	15. MAIDEN NAME <u>Ida Miller</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>				
17. INFORMANT <u>William Glass</u> (ADDRESS) <u>729 S. 4th St.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>B. Matthews Cem.</u> DATE <u>11/2-1933</u>					
19. UNDERTAKER <u>A. H. McLaughlin</u> (ADDRESS) <u>1631 Missouri Ave</u>					
20. FILED <u>Dec 1, 1933</u> <u>Carl E. Johnson</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

E

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 10 A. m.

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

Inquest Pending

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.

Name of operation, Date of

What test confirmed diagnosis?, Was there an autopsy?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) C. L. Worthington
 (Address) Labadie, 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.

JAN 4 1934

