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.

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

Do not use this space.

36152

JAN 4 1934

1. PLACE OF DEATH
County Franklin
Township Meramec
City U.S. Highway #66-2 mi W of St Clair (No. ..... St. ..... Ward)
Registration District No. 294
Primary Registration District No. 5409-B
File No. .....
Registered No. 45(S)

2. FULL NAME Vada Glass
(a) Residence, No. 729 S. 4th St., 7 Ward. St Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 William Glass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1895

7. AGE: YEARS 38 | MONTHS 6 | DAYS ~~don't know~~ 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
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) Wagonsville RFD Pulaski Missouri

FATHER
13. NAME John Yager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Missouri

MOTHER
15. MAIDEN NAME Ida Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Missouri

17. INFORMANT (ADDRESS) William Glass 729 S. 4-st St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews Cem DATE 12-2 1933

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri Ave.

20. FILED 12-16 1933 Carl E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

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:

	Date of onset
Unavoidable Auto Accident riding in a heavy loaded 1929 Ford truck (top heavy) run off on shoulder of highway and turned over. Broken neck and crushed body.	
Other contributory causes of importance:	
	91
	210

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-30, 1933
Where did injury occur? Highway 66 about 2 miles west of St Clair Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Highway #66
Manner of injury Auto Accident
Nature of injury Truck turned over

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) E. L. Worthington Coroner
(Address) Labadie Mo.

S-36151-