

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.

APR 25 1934

2222

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

Do not use this space.

1986-1A

1. PLACE OF DEATH
 County Newton Registration District No. 608
 Township Franklin Primary Registration District No. 3807
 City Stella (No. _____) St. _____ Ward _____

2. FULL NAME Charley G. Glass
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-20-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
65 5 23

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

9. BIRTHPLACE (CITY OR TOWN) Plymouth
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Jacob Glass

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylvania
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Esther Heintz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs C. P. Glass
 (Address) _____

15. Apr 23 1934 E. Edmondson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13 1934

17. I HEREBY CERTIFY, That I attended deceased from 1-6-34 19____, to 1-13-1934 19____, that I last saw him alive on 1-13-1934 19____ and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease

CONTRIBUTORY (SECONDARY) 92A
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED On Rail Road
 IF NOT AT PLACE OF DEATH _____ DATE OF _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. Cardwell, M. D.
 , 19 (Address) Stella 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 I.O.O.F. Monett DATE OF BURIAL 1/15 1934

20. UNDERTAKER Bradford Leonard Hop ADDRESS Monett

