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

Do not use this space.

File No. 7709
Registered No. 13

1. PLACE OF DEATH
County: Audrain
Registration District No. 912
Primary Registration District No. 4550
Township:
City: Vandalia (No. ..... St. ..... Ward)

2. FULL NAME: Joseph Thomas Glascock

(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 46 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 (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henrietta Glascock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9, 1839

7. AGE: Years 94 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mercantile
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Thomas Glascock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mahala Lewellen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Artie Lou Bland, Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Vandalia DATE: Mar. 28, 1934

19. UNDERTAKER (ADDRESS): W. S. Waters, Vandalia Mo

20. FILED: 3/27, 1934 Mallie Fugua, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch. 10, 1934, to March 26, 1934
I last saw him alive on March 26, 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3/10/34
CVD	
HD	

Other contributory causes of importance:
Flu -

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? .....
If so, specify .....
(Signed) W. W. Bass, M. D.
(Address) Vandalia

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.

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