

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

Do not use this space.

11519

APR 25 1934

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City (No. 221, No. Beel)

Registration District No. 796  
Primary Registration District No. 3038

File No. \_\_\_\_\_  
Registered No. 76  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Glenn Hardeman Amsbury

(a) Residence, No. 221 No. Beel, 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 1 0

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
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) Saline Co. Mo.

FATHER 13. NAME Oliver Amsbury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockland Mo.

MOTHER 15. MAIDEN NAME Rosella Beattie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockland Mo.

17. INFORMANT (ADDRESS) Mrs. Lovie Amsbury Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Mar. 23, 1934

19. UNDERTAKER (ADDRESS) Dandiever Mortuary Marshall, Mo.

20. FILED 3/23/34 1934 W. A. Lewis, Jr. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1934, to Mar. 21, 1934

I last saw him alive on Mar. 21, 1934. Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Chronic endocarditis  
Q.T.A.  
Nephritis  
Date of onset June 1933  
Other contributory causes of importance: 92 R, 92 R, 152 R  
1934

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? No  
If so, specify \_\_\_\_\_

(Signed) W. A. Lewis, Jr., M. D.

(Address) Marshall, Mo.

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.

97  
757

72 97

