

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

Do not use this space.

MAY 25 1934

12978

1. PLACE OF DEATH

County Jackson
 Township Scan
 City Kennett (No. R.B. General Hospital)

Registration District No. 822
 Primary Registration District No. 7005

File No. 12978
 Registered No. 129
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1706 Cherry St., _____ Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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 or (OR) WIFE OF William W. Glass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>about 63</u>	<u>1</u>	<u>28</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri
Unknown

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
Unknown

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Record kept at R.B. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE Apr 18 1934

19. UNDERTAKER (ADDRESS) A. B. Doepfer 1415

20. FILED Apr 17 1934 M. M. Crowne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-13-1934 to 4-15-1934, 1934

I last saw her alive on 4-15-1934. Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) J. J. Bennett, M. D.
 (Address) Dept R.C. Gen Hosp

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.

