

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.

DEC 14 1934

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

Do not use this space.

38694

1. PLACE OF DEATH

County

Caldwell

Registration District No.

96

Township

Hamilton

Primary Registration District No.

5742

City

No.

File No.

Registered No.

26

St.

Ward)

2. FULL NAME

Manasseh M. Glick

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Kate Glick

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

April 23 1862

7. AGE

YEARS

82

MONTHS

6

DAYS

23

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

Columbus Indiana

13. NAME

Caron Glick

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

Unknown

15. MAIDEN NAME

Lucinda

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

Unknown

17. INFORMANT (ADDRESS)

Quartus M. Glick Hamilton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE

Highland Cemetery

DATE

Nov. 18 1934

19. UNDERTAKER (ADDRESS)

Nettie R. Houghton Hamilton Mo.

20. FILED

Nov 18 1934

Missouri

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934, to Nov 16 1934

Last saw him alive on Nov 16 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Date of onset

Valvular heart disease 1933

Other contributory causes of importance:

Arteriosclerosis

Name of operation

What test confirmed diagnosis? Pharynx. Was there an autopsy? No

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) Herbert P. Booth, M. D.

(Address) Hamilton Mo.

