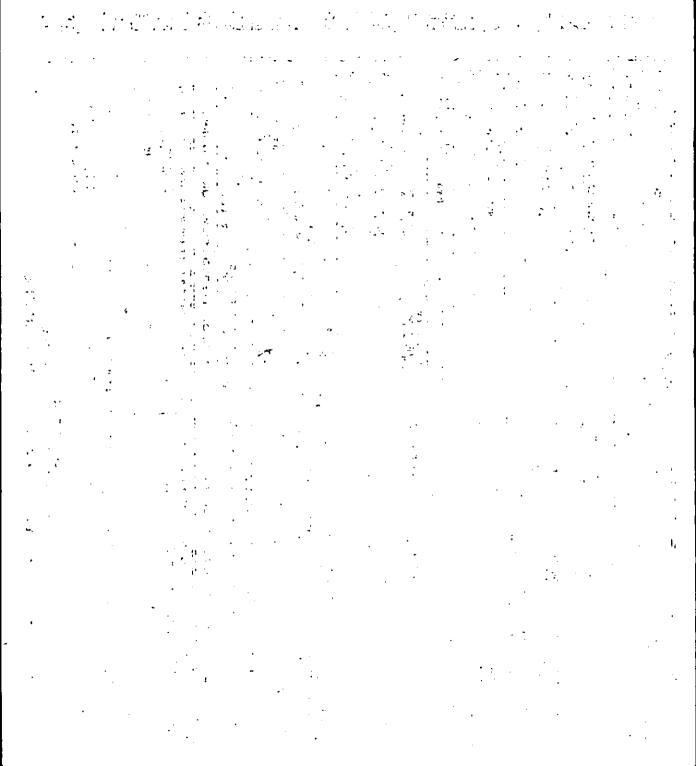
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH 1. PLACE OF Registration District No... Primary Registration District No. Registered No. (a) Residence No......(Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at./ The principal cause of death and related causes of importance were as follows: N. B.—Every item of information should be carefully supplied. AGE she CAUSE OF DEATH in plain terms, so that it may be properly classified. 7. AGE If LESS than 1 YEARS **MONTHS** day, .....hrs. Date of onset OH 31 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year).... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (CITY OR TOWN What test confirmed diagnosis? Was there an autopsy? /W (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 202 19 non Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury ...... 18. BURIAL CREMATION OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (ADDRESS) Registrar.



BUREAU OF	E BOARD OF HEALTH VITAL STATISTICS PATE OF DEATH	ALL INFORMATION FOR MUST BE WRIT THIS SUPPLEMENTA	TEN ON
	tion District No. 5243	File No	
2. FULL NAME Jack Glacke  (a) Residence No. (Usual place of abode)	(If not	nresident, give city or town and	
Length of residence in city or town where death occurred yrs. mos	11	reign birth? yrs. mos	L ds
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprite the word)	21. DATE OF DEATH (MONTH, DAY, AN	DYEAR) / Och /	. 19 🗢
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	22. I HEREBY CERT	IFY, That I attended decompto	eased fr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE YEARS MONTHS DAYS If LIESS than I day,hrs. orhrs. ormin.	to have occurred on the the stated s.  The principal cause of death and rel	above, atm. ated causes of importance were	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	· <b>Ι</b> ΥΥ <b>λ</b> ΄	nce:	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  13. NAME	4[		
13. NAME	Name of operation	Date of	
15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)	Specify whether injury occurred in Ind	es (violence), fill in also the follo Date of injury	owing: , 19 ete)
17. INFORMANT(ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury		
PLACE DATE 19.  19. UNDERTAKER (ADDRESS)  20. FILED / S.) 1933 TWO Registrar.	24. Was disease or injury in any way i  If so, specify	related to occupation of deceased	?, M. I

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