

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

Do not use this space.

42134

1. PLACE OF DEATH

County B. Miller
Township
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 268
St. _____ Ward)

JAN 14 1935

2. FULL NAME

(a) Residence, No. Transient Bureau 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 M- 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1885 est.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 est.

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

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) Wynona Neb.

FATHER 13. NAME Albert Glasenapp

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

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Records Transient Bureau Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff DATE 12-27-34

19. UNDERTAKER (ADDRESS) Frank Wood & Co. Poplar Bluff

20. FILED 12/28 1934 O.C. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-22-, 1934, to 12-24-, 1934

I last saw him alive on 12-24-, 1934 Death is said to have occurred on the date stated above, at 8 P. m.

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

10X
Pneumonia, Lobar Date of onset 12-20-34

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 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? No.

If so, specify _____

(Signed) J. Luster Harwell, M. D.

(Address) Poplar Bluff, Mo.

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.

