

FEB 25 1935

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

Do not use this space.

1723

1. PLACE OF DEATH

County Rasper.  
Township Madison.  
City (No. ....) St. .... Ward)

Registration District No. 408  
Primary Registration District No. 5564

File No. ....  
Registered No. ....

2. FULL NAME

James Monroe Glasgow  
(a) Residence No. Carthage R-6 St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 53 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 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 Rose Flood.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15-1869

7. AGE YEARS 65 MONTHS 8 DAYS 15 If LESS than 1 day, .... hrs. or .... min.

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

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) Three Rivers, Miss.

13. NAME Nathanialm Glasgow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur, Ill.

15. MAIDEN NAME Mary Cooper

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

17. INFORMANT (ADDRESS) Mrs. J. M. Glasgow Carthage R-6

18. BURIAL, CREMATION, OR REMOVAL PLACE Faskin Cemetery DATE Feb 1st 1935

19. UNDERTAKER (ADDRESS) Wagner - Duran Carthage, Mo.

20. FILED Jan 30 1935 A. G. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1935, to Jan 20, 1935. I last saw him alive on Jan 19, 1935. Death is said to have occurred on the date stated above, at 3:40 P.M.

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

Other contributory causes of importance: gla

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 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. E. Hester, M. D. (Address) Carthage, Mo.

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.

