

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

Do not use this space.

7272

1689

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis, 500 S. Kings Highway St. Louis Childrens Hospital (Ward)

2. FULL NAME Glenda Hosford

(a) Residence, No. 2716 1/2 21st St., 20 Ward.
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 5 mos. 2 wks. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-34
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 4 5 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, Sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO.
 (STATE OR COUNTRY)

FATHER
 13. NAME Glenn Hosford

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

MOTHER
 15. MAIDEN NAME Hazel Maynard

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

17. INFORMANT J. McEllin
 (ADDRESS) 500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tasker Mo. DATE Feb. 20 1955

19. UNDERTAKER Hy. Leidner, M.D.
 (ADDRESS) 1717 Market St.

20. FILED Feb 19 1955 J. T. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-35, 1935
 22. I HEREBY CERTIFY, That I attended deceased from 2-7-35, 1935, to 2-19-35, 1935.
 I last saw h. 2R alive on 2-19-35, 1935. Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 2-7-35
Bi-lateral otitis media 2-7-35
Paracentral degeneration 2-1-35

Other contributory causes of importance: _____
 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 _____, 1935
 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) d. h. Adams, M. D.
 (Address) 500 S. Kings Highway

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.

