

JUL 26 1935

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

Do not use this space.

84 1. PLACE OF DEATH
County Polk Registration District No. 710
Township Mooney Primary Registration District No. 5939
City Bolivar Mo (No. R#6) St. _____ Ward _____

2. FULL NAME Moley G. Glover
(a) Residence, No. R. No. 6 - Bolivar St., _____ 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.

File No. 20726
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 James R. Glover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>4</u>	<u>5</u>	<u>5</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1935

22. I HEREBY CERTIFY That I attended deceased from May 15 1935 to June 25 1935
I last saw h. e. alive on June 24 1935. Death is said to have occurred on the date stated above, at 9:09 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma head of cervix
pancreas

Other contributory causes of importance:
NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER / FATHER

13. NAME Wm B. Leavin

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

15. MAIDEN NAME Louise Potter

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

17. INFORMANT (ADDRESS) James R. Glover Bolivar R. No. 6 - Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Grove DATE June 26 1935

19. UNDERTAKER (ADDRESS) J. G. King, M.D. Springfield Mo.

20. FILED July 2 1935 Estelle Benton Registrar.

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 _____, 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) Doyle Buchanan, M. D.
(Address) Bolivar 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.

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