

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.

DEC 13 1935

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

Do not use this space.

38435

1. PLACE OF DEATH
 1 County Adair Registration District No. 4
 2 Township Primary Registration District No. 3001
 7 City Kirkville (No., St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Beulah Glasgow
 (a) Residence, No. 601 East Patterson St., 4 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. L. Glasgow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 8 5

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

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

10. Date deceased last worked at this occupation (month and year) 12-1-1935 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME W. C. Hamilton

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

MOTHER 15. MAIDEN NAME Emma Englund

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

17. INFORMANT C. L. Glasgow
 (ADDRESS) 601 East Patterson, Kirkville

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 12-9-1935

19. UNDERTAKER Dee Riley
 (ADDRESS) Kirkville Mo

20. FILED Dec 8 1935 Spencer Ince
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Dec 7, 1935
 I last saw her alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 12/1/35

Other contributory causes of importance:
Chronic Asthma
Number of yrs standing

Name of operation None Date of operation.....
 What test confirmed diagnosis? Physical 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?
 If so, specify Roy M. Wolf M. D.
 (Signed) Roy M. Wolf
 (Address) Kirkville Mo

