

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

Do not use this space.

13757

APR 27 1936

1. PLACE OF DEATH

County Sullivan
Township Taylor
City Hampshire No. _____ St. _____ Ward _____

Registration District No. 851
Primary Registration District No. 6119

File No. _____
Registered No. _____

2. FULL NAME

Robert L. Glidewell

(a) Residence, No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11. 1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>5</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Robert Glidewell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Mary Sharp</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs Chas May</u> (ADDRESS) <u>Hampshire Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nickory Grove</u> DATE <u>Mar 29 1936</u>		
19. UNDERTAKER <u>W. Payne & Son</u> (ADDRESS) <u>Galt Mo</u>		
20. FILED <u>Mar 30 1936 Cordelia Shore</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-25-1936, to 3-28-1936
I last saw him alive on 3-25-1936. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Apoplexy

Date of onset 3-23-36

Other contributory causes of importance
arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 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) W. C. Weston, M. D.
(Address) Galt, 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.

