JUL 18 1936

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

Do not use this space.

File No. 22381
Registered No. 177

1. PLACE OF DEATH

County: Cole — Registration District No. 213
Township: — Primary Registration District No. 3014
City: Jefferson (No. St. Mary's Hosp. St. Ward)

2. FULL NAME Glenn Lovelace

(a) Residence, No. Union, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Catherine Lovelace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	32	10	5	

OCCUPATION

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

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) Aug 21

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME ~~[illegible]~~ Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ironton, Mo.

17. INFORMANT Catherine Lovelace
(ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ironton, Mo. DATE June 29, 1936

19. UNDERTAKER Burgess Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 6/29/1936 [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/29/1936, to June 26, 1936

I last saw h. alive on June 26, 1936. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Gas Bacillus infection right leg

Date of onset

Other contributory causes of importance: Compound fract. right femur — result of Auto Wreck Ruptured liver.

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/25, 1936

Where did injury occur? Hi. 50 Osage Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place.

Manner of injury Auto Collision

Nature of injury Fr. of rt. femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) Jefferson City 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD