

SEP 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Candem
Township Russell
City No

Registration District No. 120
Primary Registration District No. 5-172

25759

File No.
Registered No. 9 St. Ward)

2. FULL NAME

Oliver Burton Glor

(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>m</u>	4. COLOR OR RACE <u>w.</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>Nellie Glor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4 1880</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>3</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fish</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6-18-36</u>	
	11. Total time (years) spent in this occupation <u>time</u>	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>
	13. NAME <u>George Phillip Glor Sr.</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	15. MAIDEN NAME <u>Nellie Malissa Burton</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>
	17. INFORMANT <u>Nellie Glor</u> (ADDRESS) <u>Branch Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mebain Cemetery</u> DATE <u>July 3rd 1936</u>	
19. UNDERTAKER <u>Wm. H. Myers, acting</u> (ADDRESS) <u>Branch Mo.</u>	
20. FILED <u>7-3-36</u> <u>D. W. T. Myers</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24 1936 to July 3rd 1936
I last saw him alive on July 3rd 1936... Death is said to have occurred on the date stated above, at 10:00 P. M.
The principal cause of death and related causes of importance were as follows:
acute yellow atrophy of Liver Date of onset 6-17-36
WGA

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Amud 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 G. J. Myers M. D.
(Signed) Branch Mo.
(Address) Branch 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.

