

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

Do not use this space.

26350

**1. PLACE OF DEATH:**

County Harrison

Registration District No. 336

Township

Primary Registration District No. 4199

City

Cainsville, Mo.

(No.

Cainsville, Mo.

St.

Ward)

**2. FULL NAME**

(a) Residence, No.

(Usual place of abode)

Mary E. Glaze  
Cainsville, Mo., St.

Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Samuel Nelson Glaze

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

February 18, 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

91

4

21

OCCUPATION

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

Housekeeper

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)

Washington Co. Indiana

FATHER

13. NAME

John Kinion

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

Indiana

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Carl Glaze  
Cainsville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Glaze Cemetery

19. UNDERTAKER (ADDRESS)

Eddie H. H. H.  
Cainsville, Mo.

20. FILED

7/10

1936

G E Oden

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1936, to July 9, 1936

I last saw him alive on July 9, 1936 Death is said

to have occurred on the date stated above, at 3:45 A.M.

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

Intestinal Pyritis

Date of onset

Other contributory causes of importance:

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?

If so, specify

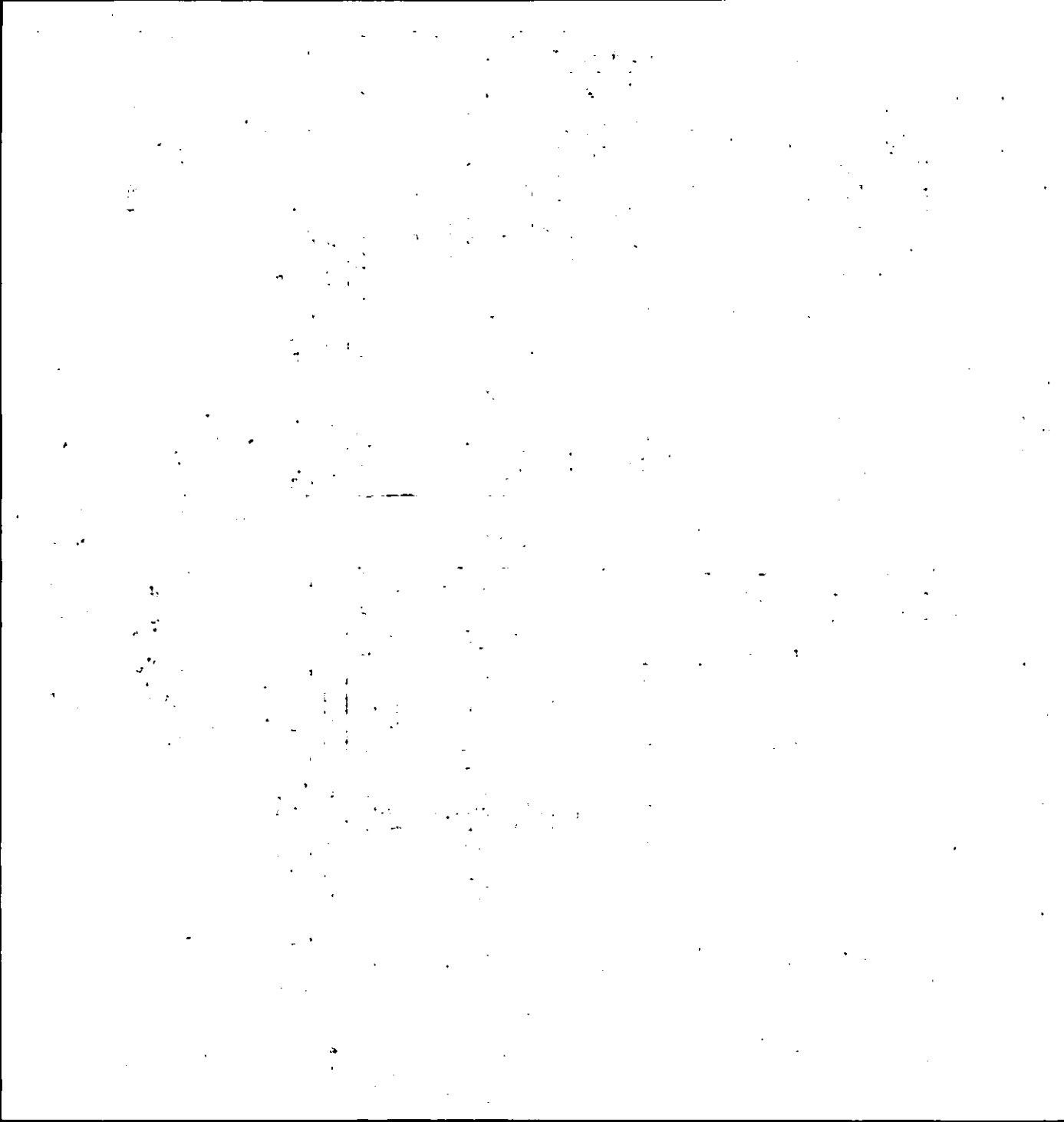
(Signed)

W. S. Huff

M. D.

(Address)

Cainsville Mo



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

Do not use this space.

**1. PLACE OF DEATH**

County Harrison

Registration District No. 336

File No. ....

Township 6

Primary Registration District No. 4199

Registered No. ....

City Sainsville (No. ....)

St. .... Ward) ....

**2. FULL NAME**

Mary E. Glaize

(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**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)**

Female white widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

| 7. AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <u>91</u> | <u>4</u> | <u>21</u> |                                  |

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)**

**13. NAME**

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

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE ..... DATE ..... 19...

**19. UNDERTAKER (ADDRESS)**

20. FILED 9-11-36 C E Odom Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

July 9 1936

**22. I HEREBY CERTIFY, that I attended deceased from**

....., 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

Interstitial nephritis

Other contributory causes of importance:

Name of operation ..... Date of ..... m.

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? .....

If so, specify .....

(Signed) J. S. Ruff M. D.

(Address) Sainsville

5-26350