CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 18 1936

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

Do not use this space.

30122

File No.

Registered No. 268

1. PLACE OF DEATH

County Callaway, Registration District No. 104

Township Nine-Mile Prairie, Primary Registration District No. 5164

City (No. , St. Ward)

2. FULL NAME Glenna Hoover

(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 F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
22	10	14	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Walter Hoover

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

MOTHER

15. MAIDEN NAME Ola Bell Stuart

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

17. INFORMANT Walter Hoover
(ADDRESS) Williamsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Williamsburg Cem DATE Aug 26, 1936

19. UNDERTAKER Leo G. Wallace
(ADDRESS) Fulton Mo

20. FILED Aug 24, 1936 R. M. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/11/36, 19, to Present., 19

I last saw her alive on 8 19/36, 19. Death is said to have occurred on the date stated above, at 11/15 A.M.

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

	Date of onset
Tuberculosis Pulmonary.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Lab. Xrays 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) George D. McCallum M.D.

(Address) Fulton Mo.