

MAR 20 1937

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

Do not use this space.

6841

1. PLACE OF DEATH

County

Jasper

Registration District No.

411

File No.

Township

Joplin

Primary Registration District No.

2092

Registered No.

City

Joplin

(No.

2429

Pennsylvania

St.

Ward)

2. FULL NAME

(a) Residence, No.

2429

Lena Glam

Ward.

Lamar, Mo.

(Usual place of abode)

(If nonresident, give city of town and State)

Length of residence in city or town where death occurred

yrs.

mos. 20

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

E. J. Glam

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

Jan 5-1886

AGE

81

YEARS

MONTHS

23

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housewife

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)

7-6-1923

11. Total time (years)
spent in this
occupation

63

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Haviarville
Kentucky

MOTHER

13. NAME

Mark Whitaker

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

Indiana

15. MAIDEN NAME

Nancy Cundiff

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

Indiana

17. INFORMANT
(ADDRESS)Mrs. Aiva Thompson
Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Place, Lamar, Mo. DATE March 2nd 193719. UNDERTAKER
(ADDRESS)Konantz's
Lamar, Mo.

20. FILED

3-3-37

19

37

Ed James

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

February 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

2/24, 1937, to 2/26, 1937

I last saw her alive on 2/27, 1937. Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

Date of onset

~~Arteriosclerosis~~
Arteriosclerosis

Other contributory causes of importance:

old age

Name of operation

A

Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) S. H. Miller, M. D.

(Address) 404 W. 8th St. Joplin, 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.

