39 JUL 28 1937

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

Dr Wakeman
Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 23736
Township — Primary Registration District No. 2004 — Registered No. 521
City Springfield (No. City Hospital St. Ward)

2. FULL NAME Mrs. Dorothy Glassip
(a) Residence, No. 137 W. Walnut 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1911
7. AGE: Years 25 — Months 6 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

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) Clovis, New Mexico

FATHER
13. NAME Harry Danks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester New York

MOTHER
15. MAIDEN NAME Beulah George
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collin Co. Texas

17. INFORMANT (ADDRESS) Mrs Beulah Knight Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE June 23, 1937
19. UNDERTAKER (ADDRESS) Alma Schmeyer Springfield Mo
20. FILED June 23, 1937 Chas A George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to June 22, 1937
I last saw her alive on June 21, 1937. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
General Peritonitis — Date of onset
93

Other contributory causes of importance: General weakness from Hemorrhage 6 hours after Operation. Chronic Myocarditis.

Name of operation Removal Cyst Broad Ligament Date of 6-21-37
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Newton Wakeman, M. D.
(Address) Medical Arts Bldg. Springfield, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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