

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1006City St. Joseph(No. MO)METHO. HOSPITAL

St.

Ward

2. FULL NAME Dora E. Glenser(a) Residence, No. GlenserSt. Maryville Mo.

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 Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married to Fred Glenser6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-22-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46017

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk13. NAME Rudolph Geber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland15. MAIDEN NAME Anned Geber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland17. INFORMANT Fred Glenser(ADDRESS) Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill Cem DATE 8-11 193719. UNDERTAKER Campbell Funeral Home(ADDRESS) Maryville Mo20. FILED 8/12 1937 W. H. Westreich

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9 193722. I HEREBY CERTIFY, That I attended deceased from Dec. 1934 to Aug 9, 37 1937I last saw h. er alive on Aug 9, 1937 1937 Death is said to have occurred on the date stated above, at 6:45 P. m.

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

Pulmonary Embolus Date of onset 8.9.37
Fibro - Thryo - mater

Other contributory causes of importance:

Post operative shock 8.9.37Name of operation Hysterectomy Date of 8.9.37What test confirmed diagnosis? O. test Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1937

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) J. H. Ryan

M. D.

(Address) Maryville 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.

11012

JUL 10 1953