

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall, Mo. (No. _____)

Registration District No. 796
Primary Registration District No. 3038

File No. 31911
Registered No. 133
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Marshall, Mo. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary F. Brock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1877

7. AGE YEARS 60 MONTHS 2 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Pettis Co. Mo.

13. NAME James K. Glasscock

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

15. MAIDEN NAME Susan F. Driskute

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.

17. INFORMANT Mrs. Ernest F. Glasscock
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marshall, Mo. DATE Aug 3, 1937

19. UNDERTAKER J. J. Surrency
(ADDRESS) Marshall, Mo.

20. FILED 8-3-37 Mary Kent
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2-37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 8-2-37, 1937

I last saw h. _____ live on 8-2-37 Death is said

to have occurred on the date stated above, at 12 P. M.

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

Date of onset _____

Remia - 16

Other contributory causes of importance:
Self induced Acute Alcohol Poisoning (Brushy Fork River)

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 Aug 2, 1937

Where did injury occur? At Brushy Fork River

(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 none

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Acute Alcohol Poisoning (Brushy Fork River)

(Signed) Robert H. H. H. H. M. D.

(Address) Marshall, Mo.

AUG 9 1949