

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.

DEC 21 1937

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

Do not use this space.

41879

1. PLACE OF DEATH

County Merion  
Township Merion  
City (No. ....) St. .... Ward)

Registration District No. 553  
Primary Registration District No. 5746

File No. ....  
Registered No. 16

2. FULL NAME Jale Glashen

(a) Residence, No. .... St. .... 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 Female 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 Bob Glashen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1881

7. AGE YEARS 56 MONTHS 5 DAYS 24 If LESS than 1 day, .... hrs. or .... min.

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) 11. Total time (years) spent in this occupation

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

13. NAME J. D. Humphrey

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

15. MAIDEN NAME Emily

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

17. INFORMANT (ADDRESS) Bob Glashen

18. BURIAL, CREMATION, OR REMOVAL PLACE Early DATE Dec 6, 1937

19. UNDERTAKER (ADDRESS) Macl Mass

20. FILED Dec 9, 1937 S. P. Davis

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Dec 5, 1937

I last saw him alive on Dec 5, 1937 Death is said to have occurred on the date stated above, at 8 A. M.

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

Cardiac arrest July 31  
stroke, melancholia  
liver

Other contributory causes of importance: 50

Name of operation Removal of gall Date of Aug 5  
What test confirmed diagnosis? of Was there an autopsy? 37

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 L  
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) S. P. Davis M. D.  
(Address) Merion Co.

APR 13 1951