DEC 27 1937

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

Do not use this space.
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3/8 ~~2/9/37~~

File No. 3-15-
Registered No. 668

1. PLACE OF DEATH

County: Pettis
Registration District No. 665
Township:
Primary Registration District No. 3032
City: Sedalia (No. 1520 So. Ky. St. Ward)

2. FULL NAME Annie Glover

(a) Residence, No. 1520 So. Ky. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF C.T.Glover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	2	23	

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

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

FATHER
13. NAME J.H.Craycroft
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Harriett Christman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT C.T.Glover
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lem. Park DATE Nov. 13, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Nov 13 1937 Jesse Black
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1937, to Nov 12, 1937
I last saw h. alive on Nov 12th, 1937. Death is said to have occurred on the date stated above, at 5:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver -	?

Other contributory causes of importance:

Chronic Cholecystitis and Cholelithiasis	

Name of operation Removal — Date of 6-5-37
What test confirmed diagnosis? Finding 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.
None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jno. B. Carlisle M.D., M. D.
(Address) 314 Johns St. Sedalia Mo.

CHECK OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.