

REC'D MAY 18 1938

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

14253
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 125
(b) Township Cape Primary Registration District No. 3009
(c) City Cape Girardeau, Mo. (d) Street No. St. Francis Hospital Registered No. 129
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elsie M. Glaab
(a) Residence, No. Cape Girardeau, Mo. St. McClure, Illinois
(Usual place of abode, if no street address, write county or city) (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 (Use the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Glaab

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1903.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 I 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as 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) Cape County,
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Colbert Baughier
14. BIRTHPLACE (CITY OR TOWN) Alexander County,
(STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Belle Owens
16. BIRTHPLACE (CITY OR TOWN) Cape County,
(STATE OR COUNTRY) Missouri.

17. INFORMANT John Glaab
(ADDRESS) McClure, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lindsay Cem DATE Apr. 26, 1938
McClure, Ill.

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home
(ADDRESS) Cape Girardeau, Missouri.

20. FILED 4-24-38 J. M. Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1938, to 4/24, 1938
I last saw her alive on 4/24, 1938. Death is said to have occurred on the date stated above, at McClure, Ill.
The principal cause of death and related causes of importance were as follows:

Date of onset
TETANUS. 2 1/2
Other contributory causes of importance:
H. Ribs + Jaw
+ Colic - Abdominal
8 HAND
Name of operation NONE Date of
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? acc Date of injury 4/25, 1938
Where did injury occur? McClure, Ill.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Public Highway
Manner of injury Auto Collision
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) At Smith, M. D.

(Address) Cape Girardeau

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.