

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 316
Township Burge Hospital Primary Registration District No. 2001
City Springfield Mo (No. Burge Hospital)

File No. 14640
Registered No. 335
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Opal Glor St. 460 Ward. Junas Mo

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-38

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clewood Glor

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 16, 1938.
I last saw him alive on April 16, 1938. Death is said to have occurred on the date stated above, at 7 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-3-1911

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 26 8 13

Measles about April 7 '38
Date of onset

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

Other contributory causes of importance:
Encephalitis - April 10.

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME W.R. Stark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co Mo

15. MAIDEN NAME May Parks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Almon Mo

17. INFORMANT (ADDRESS) Clewood Glor Junas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Almon Mo DATE 4-18-38

19. UNDERTAKER (ADDRESS) Almon Mo

20. FILED Apr 18 1938 Chas. H. Grogan Registrar

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Yes (Signed) Ray D. Callaway, M. D.
Springfield Mo

DEC 11 1958