

REC'D JAN 6 1939

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

Do not use this space.

43676

1. PLACE OF DEATH

County Linn 2
Township Benton 1
City Browning (No. _____) St. _____ Ward _____

Registration District No. 497
Primary Registration District No. 4300

File No. _____
Registered No. 19

2. FULL NAME

R A Glaze - Richard Adrain Glaze

(a) Residence, No. _____ 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 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 Jennie Glaze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 9 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

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) Hemphey, Mo

13. NAME Robert Glaze

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reger, Mo

15. MAIDEN NAME Catherine Meekins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hemphey, Mo

17. INFORMANT (ADDRESS) Mrs Jennie Glaze
Browning, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jenkins DATE Dec. 22 1938

19. UNDERTAKER (ADDRESS) L W Hummel
Browning, Mo

20. FILED Dec. 31 1938 Mrs Rita Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1938

22. I HEREBY CERTIFY, That I attended deceased from September 30 1936 to Dec 20 1938

I last saw him alive on Dec 20 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Chronic Nephritis

Date of onset 1936

Other contributory causes of importance: _____

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 _____, 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? no
If so, specify _____

(Signed) J R Mearter, M. D.
(Address) Browning, Mo

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.

STATE PLAIN, WITH CERTAINING INDICATIONS IS A NECESSARY RECORD

