

OCT 12 1939

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

32452  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378  
(b) Township Springfield Primary Registration District No. 5440 Registered No. 688  
(c) City SPRINGFIELD (d) Street No. Route #8 Springfield, Mo. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

(a) Residence, No. Route 8, city St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address write county or city)

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 Hugh L Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 6 1

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. In Home  
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) Ozark Mo. 0

FATHER 13. NAME John Glavin 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER 15. MAIDEN NAME Helen Ball

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Hugh L Harris Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson Cemetery Sept 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Johnson Springfield, Mo

20. FILED Sept 9 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1938 to 9-7 1939  
I last saw her alive on 9-7 1939 Death is said to have occurred on the date stated above, at 10:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial Failure  
Arteriosclerotic heart disease  
Other contributory causes of importance: Dietary insufficiency  
95 lbs

Date of onset 9-4-39  
March 58

Name of operation None Date of None  
What test confirmed diagnosis? Path. Exam Was there an autopsy? Yes

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) [Signature], M. D.  
(Address) Springfield, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-3-19-35 I X-16605

*Sherman*

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**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 *Lewis E. Schaff*.....

Licensed Embalmer No. *3802*.....

P. O. Address *Springfield, Mo.*.....

**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.**