

MO FEB 25 1941

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

Do not use this space.

1565

1. PLACE OF DEATH

County *Adair*
Township *Wilson*
City (No.) (No.)

Registration District No. *1*
Primary Registration District No. *200*

File No.
Registered No. *48*
St. Ward

2. FULL NAME *JAMES B. GLASGOW*

(a) Residence, No. *Grashear 7th St.* *Rural*
(Usual place of abode)

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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jane Glasgow*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 26 '61*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labors*
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) *Bullion Mo.*

MOTHER 13. NAME *James M. Glasgow*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Va.*

15. MAIDEN NAME *Michael Coffman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Va.*

17. INFORMANT *Hugh Glasgow* (ADDRESS) *Wilson, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wilson Cemetery* DATE *Jan 31* 19*41*

19. UNDERTAKER (ADDRESS) *Foster R. Emery, 3 Spenser, Mo.*

20. FILED *Feb. 11* 19*41* *Spencer L. Freeman* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29* 19*41*

22. I HEREBY CERTIFY, That I attended deceased from *Jan* 19*39*, to *Jan* 19*41*

I last saw him alive on *Jan 28* 19*41* Death is said

to have occurred on the date stated above, at *9 P.M.*

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

Chronic Valvular heart disease

Date of onset *20 3 yrs*

Other contributory causes of importance: *Nephritis*

2 yrs

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?

If so, specify

(Signed) *H.M. Humphreys* M. D.

(Address) *Bocher, 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.

RECORDED

District Court Order No. 10

District File Number 2-41-376

Date Filed **FEB 19 1941**