SEP 26 1927

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

Do not use this space.

85
100

23669

1. PLACE OF DEATH
County Buchanan Registration District No. File No.
Township Primary Registration District No. Registered No. 830
City St Joseph (No. Noyes Hospital St. Ward)

2. FULL NAME Alta Emma Glass

(a) Residence. No. 114 E Highland St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14 ~~15~~	~~8~~ 9	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Glass
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Pearl Zams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo

14. INFORMANT Harvey Glass
(Address) 114 E Highland

15. FILED Aug 18 1927 John G. Ith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1927, to Aug. 16, 1927, that I last saw h.. alive on Aug. 16, 1927, and that death occurred, on the date stated above, at 5:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever
(duration) yrs. 21 mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at her home
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Clinical
(Signed) G. T. Bloomer M. D
8/17, 1927 (Address) 1218 N. 3rd St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Green Cemetery — DATE OF BURIAL 8/18 19 27

20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1208 Francis

GH

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.