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

Do not use this space.

29973

File No.
Registered No. 3780

1. PLACE OF DEATH
County Jackson. Registration District No. 399
Township Kaw. Primary Registration District No. 1002
City K. C. Mo (No. General Hospital St. Ward)

2. FULL NAME Geo. H. McGlathery

(a) Residence. No. 7104 College 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Wh.	Widower

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma McGlathery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-13-56

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Va.

PARENTS
10. NAME OF FATHER John McGlathery
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Anna Crane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs E. E. Brown
(Address) 7104 College.

15. FILED 9/14, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-12- 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 , to , 19
that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 9:15 p. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
194B
107A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) fract hip from getting out of automobile at his home
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Harvey M. Hall, M. D.
9/13, 1930 (Address) Deputy Coroner

*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	DATE OF BURIAL
Pleasant Hill Mo	9/14/1930

20. UNDERTAKER	ADDRESS
O. V. Max	1915 E 15

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.