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

Do not use this space.

15937

1. PLACE OF DEATH

County _Henry_

Township _Windsor_

City _Windsor Mo_ (No. _____)

Registration District No. _____

Primary Registration District No. _4211_

File No. _____

Registered No. _16_

St. _____ Ward)

2. FULL NAME _Rebecca Glover_

(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 _Fem_

4. COLOR OR RACE _W_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Widowed_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _J M Glover_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Oct 28 1848_

7. AGE YEARS _83_ MONTHS _6_ DAYS _4_ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) _Benton County Missouri_

FATHER

13. NAME _George A Bank_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Penn_

MOTHER

15. MAIDEN NAME _Polly Failor_

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

17. INFORMANT (ADDRESS) _Mrs J C Jennings Windsor Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Mount Olivet_ DATE _May 4 1932_

19. UNDERTAKER (ADDRESS) _C A Ray Windsor Mo_

20. FILED _5-4 1932_ _J C Jennings_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _May 2 1932_

22. I HEREBY CERTIFY, That I attended deceased from _Jan_ , 1932, to _May 2_ , 19_32_

I last saw her alive on _May 2_ , 19_32_. Death is said to have occurred on the date stated above, at _3_ m.

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

Lobar Pneumonia Date of onset _Apr 29_

_108_

Other contributory causes of importance: _Senility_

Name of operation _____ Date of _____

What test confirmed diagnosis? _Clinical_ Was there an autopsy? _no_

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 Henderson_ M.D.

(Address) _____

MAY 22 1932