

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

Do not use this space.

**NOV 24 1937**

**1. PLACE OF DEATH**

County Vernon  
 Township  
 City Nevada (No. ....)

Registration District No. 875  
 Primary Registration District No. 3039

File No. 39038  
 Registered No. 2888  
 St. .... Ward

**2. FULL NAME** Still Born - No name

(a) Residence, No. .... St. .... Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ☒ Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ☒

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ☒  
 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) Nevada (STATE OR COUNTRY) Missouri

13. NAME Glenn L Mc Gee

14. BIRTHPLACE (CITY OR TOWN) 1220 W. Maple Nevada (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mabel Vernace

16. BIRTHPLACE (CITY OR TOWN) N. Dakota (STATE OR COUNTRY) N. Dakota

17. INFORMANT Glenn Mc Gee (ADDRESS) Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerpwood Cemetery DATE 10-24-1937

19. UNDERTAKER Allen V. Hays (ADDRESS) Nevada, Mo.

20. FILED 10/23 1937 Allen V. Hays Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1937 to Oct 23 1937

I last saw him/her alive on Stillborn Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Toxemia of late pregnancy.  
Eclampsia

Other contributory causes of importance:

none

Name of operation none Date of 10-23-1937

What test confirmed diagnosis? exam 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? no

If so, specify.....

(Signed) NOV 23 1937 M. D.

(Address) Nevada, 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.

