

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

Do not use this space.

9672

**1. PLACE OF DEATH**

County Howard Registration District No. 379  
Township Chariton Primary Registration District No. 4293  
City Glasgow (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 yrs. 10 mos. 24 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 Male 4. COLOR, OR RACE Black 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) 5-21-1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>	<u>10</u>	<u>24</u>	

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), (STATE OR COUNTRY) Glasgow, Missouri

13. NAME Lloyd Cason

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Glasgow, MO

15. MAIDEN NAME Levernia Tolson

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Howard County Missouri

17. INFORMANT Lloyd Cason (ADDRESS) Glasgow MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, Mo DATE 3-22 1931

19. UNDERTAKER Jimmy Hillier (ADDRESS) Glasgow, Mo.

20. FILED 4/5 1931 H. Temple Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22 1931

22. I HEREBY CERTIFY, That I attended deceased from Lawrence on 3-19, 1931, to 3-19, 1931

I last saw him alive on 3-19, 1931 Death is said to have occurred on the date stated above, at 5:38 m.

The principal cause of death and related causes of importance were as follows:  
Diabetes Mellitus Date of onset \_\_\_\_\_

Other contributory causes of importance:  
59  
59

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Felup 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 \_\_\_\_\_, 1931

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) W. R. Stewart, M. D.  
(Address) Glasgow 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.

MAY 23 1931

