

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

Do not use this space.

17803

**1. PLACE OF DEATH**

County Howard Registration District No. 379  
Township Chariton Primary Registration District No. 4223  
City Glasgow (No. ....) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.

(Usual place of abode) Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. 3 mos. 27 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND-OF (OR) WIFE OF Hodge Conrad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1884-1-9

7. AGE YEARS 47 MONTHS 3 DAYS 22 If LESS than 1 day, .... hrs. or .... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 295

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) Not known

13. NAME Oscar Brucks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Jane Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Dennis Allright (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL St Charles

PLACE St Charles DATE 5-3 1937

19. UNDERTAKER Sony Hullen (ADDRESS) Glasgow Mo.

20. FILED 6-10 1937 C. W. Temple Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1937, to 5-1, 1937.

I last saw him alive on 5-1, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ①

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 no

(Signed) W. H. Newburn M. D.

(Address) Glasgow Mo.

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.

JUN 26 1937

