

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 385  
Primary Registration District No. 1002  
(No. Broadland Hotel)

File No. 1111  
Registered No. 109  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Richard M. Glazebrook

(a) Residence. No. Broadland Hotel St. 5 Ward \_\_\_\_\_  
(Usual place of abode) 104 - W - Linwood (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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mammy S. Glazebrook</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 25, 1864</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
<u>67</u>	<u>7</u>	<u>7</u>	<u>19</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) <u>Washington</u> (STATE OR COUNTRY) <u>D.C.</u>					
PARENTS	10. NAME OF FATHER <u>Glazebrook</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Not Known</u> (STATE OR COUNTRY)				
	12. MAIDEN NAME OF MOTHER <u>Langley</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Not Known</u> (STATE OR COUNTRY)				

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1937

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1937, to July 13, 1937, that he was alive on July 13, 1937, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Percussion of Stomach  
(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.  
CONTRIBUTOR (SECONDARY) Starvation from  
pyloric obstruction (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED at 422 W Linwood  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Physical  
(Signed) M. J. Weiss M.D.  
Address 1034 Health Bldg

\*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.

14. INFORMANT Mary S. Glazebrook  
(Address) Broadland Hotel

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St John Cemetery, Kansas DATE OF BURIAL Jan 16, 32

15. FILED Jan 15 32 M. M. Browne REGISTRAR

20. UNDERTAKER Wagner Funeral Home 204 W. Linwood ADDRESS Linwood

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.

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