

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

Do not use this space.

29444

**1. PLACE OF DEATH**

County HENRY Registration District No. 347  
 Township Clinton mo Primary Registration District No. 3018  
 City Clinton mo (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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Ida Glover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 5 29

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

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 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall mo  
Baltimore co

13. NAME John Michal Glover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester ny

15. MAIDEN NAME Clara E Simons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arrow Rock mo

17. INFORMANT Minnie M Butler  
 (ADDRESS) Apperson city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 9-22-33

19. UNDERTAKER (ADDRESS) Sub Wilkinson  
Clinton mo

20. FILED 9/22, 1933 Ed C Peeler  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1933, to 9-20, 1933

I last saw him alive on 9-20, 1933. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Heart disease  
Gastric hemorrhage  
11:30  
11:30

Other contributory causes of importance:  
Gastric ulcer

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) E. S. Walker, M. D.  
 (Address) Clinton 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 20 1933

20  
1  
2  
1

