

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Lafayette
City Lafayette (No.)

Registration District No. 479
Primary Registration District No. 4288

File No. 25318
Registered No.
St. Ward

2. FULL NAME

Mary Caroline Glavin

(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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4-1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Abydeen (STATE OR COUNTRY) Ohio

FATHER 13. NAME William E. Richards

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Catherine Summers

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Mrs. Katie Harris (ADDRESS) Lafayette Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette County DATE 7-26-1934

19. UNDERTAKER Fast & Company (ADDRESS) Lafayette Mo

20. FILED 7/20 1934 J. L. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....
I last saw her alive on July 24th, 1934. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Senility and Heart
162
191
Other contributory causes of importance: morbid
Date of onset 305

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?.....
If so, specify Yes
(Signed) J. H. McKim, M. D.
(Address) Lafayette 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.

AUG 16 1934

L. H. B. to 12/1/34

