

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.

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

Do not use this space.

OCT 24 1935

26295

1. PLACE OF DEATH

County: Howell Registration District No. 384  
Township: West Plains Primary Registration District No. 4227  
City: West Plains (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs Myrtle Glasscock  
(a) Residence, No. Rt. 3, Willow Springs No. St. Ward \_\_\_\_\_  
(Usual place of abode) (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 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 Don Glasscock  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1908  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 — 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Cabool Mo

13. NAME W. A. Ray

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

15. MAIDEN NAME Ella Bryant

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

17. INFORMANT Don Glasscock

18. BURIAL, CREMATION, OR REMOVAL PLACE Howell DATE Sept 1 1935

19. UNDERTAKER (ADDRESS) Engled, Cabool Mo

20. FILED Sept 1 1935 W. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1935, to Aug 31, 1935

I last saw him alive on Aug 31, 1935 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

General peritonitis Date of onset 8-30-35

Other contributory causes of importance: Generally contracted pelvis

Torsion operation at Cabool Mo 5-27-35

+ Trauma to pelvis + baby

Name of operation Cesarian section Date of 8-28-35

What test confirmed diagnosis? Exam Was there an autopsy? No

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. Claude Baker, M. D.

(Address) West Plains, Mo

