

APR 21 1936

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

Do not use this space.

11877

1. PLACE OF DEATH

County Monroe
Township Woodburn
City (No.) (St.) (Ward)

Registration District No. 587
Primary Registration District No. 1585-

File No.
Registered No. 1

2. FULL NAME

James Franklin Glover

(a) Residence, 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 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 Lepton Glover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/14/1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 11 19

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

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) Key

MOTHER FATHER 13. NAME Elizabeth Glover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Compton Key

15. MAIDEN NAME Elizabeth Lepton

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

17. INFORMANT (ADDRESS) Orvil Glover

18. BURIAL, CREMATION, OR REMOVAL PLACE Cash DATE 3/14 19

19. UNDERTAKER (ADDRESS) Reda Thompson

20. FILED 213 19 36 2 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1936 to Mar 3 1936
I last saw him alive on Mar 2 1936 Death is said to have occurred on the date stated above, at 8.00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset Mar 3 1936
94%

Other contributory causes of importance arteriosclerosis 70%

Name of operation Date of

What test confirmed diagnosis? none 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) Geo. M. Peoples M. D.
(Address) Lawson Ave

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

