

JAN 9 1939

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

42229
Do not use this space.

1. PLACE OF DEATH Barton Registration District No. 40
 (a) County.....
 (b) Township..... Primary Registration District No. 4024 Registered No. 48
 (c) City..... Hamar (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Matilda Emily Glam
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 | 11 | 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Nashville, Tenn.

FATHER 13. NAME Jenkins McCafferty
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Mary Kennamore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Miss Dora Glam, Hamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE lake cemetery DATE Nov. 4 - 1938

19. FUNERAL DIRECTOR (ADDRESS) Monantz's Hamar, Mo.

20. FILED Nov. 3 - 1938 Mrs. Josephine Mynatt, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct - 25, 1938 to Nov 2 - 1938
 I last saw her alive on Nov 3, 1938 Death is said to have occurred on the date stated above, at 12:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset

Other contributory causes of importance:
Feel and lung base and hips

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.....
 (Signed) C. E. Ducrocq, M. D.
 (Address) Hamar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

50M-7-20-37 I X12004

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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RECEIVED

District Health Officer No. 6,

District File Number 6-38-864

Date Filed DEC 19 1938

STATEMENT BY LICENSED EMBALMER

I, Carl J. Kovantz, Licensed Embalmer No. 2247

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. Sam E. Severance, Registered Apprentice No. 135
No. or by
working under my personal supervision.

Signed Carl J. Kovantz
Licensed Embalmer No. 2247

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

WHITE 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY **ROWE NA MOORE**

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

42279 Do not use this space.

1. PLACE OF DEATH (a) County Barton (b) Township (c) City Lamar (d) Street No. (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. PRINT FULL NAME Matilda Emily Elam (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as 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) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED 19

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 2 1935 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Broncho Pneumonia Date of onset 1860 15 Other contributory causes of importance: Fall & hurt back & hip Mrs. Elam got up to go to bath room about midnight and fell Name of operation dorsiflex, excis nerveless What test confirmed diagnosis? To be kept for autopsy 23. If death was due to external causes (accident, suicide, or homicide), fill in also the following: Accident, suicide, or homicide? Cause 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 C. E. Duckett (Signed) M. D. (Address) Lamar mo

SUPPLEMENTARY

Local Registrar.

