

1939 JUL 13 1939

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

22587
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 508
(b) Township Chillicothe Primary Registration District No. 3026 Registered No. 86
(c) City Chillicothe (d) Street No. Chillicothe Hospital St.
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1320-Calhoun 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) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Roehner

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 - 4 - 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Humphrys, Mo.

FATHER 13. NAME Robert D. Glaze

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Regar, Mo.

MOTHER 15. MAIDEN NAME Cathrine Meekins

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humphrys, Mo.

17. INFORMANT (ADDRESS) William C. Roehner Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood cem. DATE 6-17-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James D. London Chillicothe, Mo.

20. FILED 6-16 1939 H. M. Mace, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939

22. I HEREBY CERTIFY That I attended deceased from June 10, 1939 to June 15, 1939
I last saw her alive on June 14, 1939. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

acute plastic peritonitis
Date of onset 6/14/39

Other contributory causes of importance:
Cause of peritonitis unknown
Husband would not permit

Name of operation drainage only Date of 6/13/39
What test confirmed diagnosis exploratory operation 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) P. J. Breunman, M. D.
(Address) Chillicothe, Missouri

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.

59
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RECEIVED

District Health Officer No. 111

District File No. 739-825

Date Filed JUL 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James D Gordon....., Registered Apprentice No. *2*
working under my personal supervision.

Signed *James D Gordon*
Licensed Embalmer No. *1870*
P. O. Address *Chillicothe, Mo.*

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.)

If this body is not embalmed, above space should be left blank.