

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

Do not use this space.

30001

1. PLACE OF DEATH

County Larry
Township Exeter
City Exeter (No. _____) St. _____ Ward _____

Registration District No. 34
Primary Registration District No. 6239

File No. _____
Registered No. 17

2. FULL NAME

Green Berry Glass

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH/DAY AND YEAR) Nov. 25 1857

7. AGE Years 77 Months 9 Days 24 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

10. NAME OF FATHER do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT Maude Catron
(Address) Cassville, Mo.

15. FILED 9-3-29 1929 Miss. A. P. Seary
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1929, to Aug 31 1929, that I last saw him alive on Aug 28 1929, and that death occurred, on the date stated above, at 10:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Chronic Nephritis
131
95B

(duration) yrs. mos. da.

CONTRIBUTORY Chagreen
(SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 40
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm. H. Salver, M. D.
19 (Address) Cassville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Antioch Cemetery DATE OF BURIAL 9-3-1929

20. UNDERTAKER Barry Blankenship Exeter

PARENTS

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