

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

1 PLACE OF DEATH

County *Marion*
Township *Jay Creek*
or
Village
or
City

Registration District No. *546*
Primary Registration District No. *5738*

File No. *25083-10*
Registered No. *10*

2 FULL NAME *John J. Glenn* (NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Don't know*
(Month) (Day) (Year)

7 AGE *about 45 yrs.* - mos. - ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *farmer.*
(b) General nature of industry business, or establishment in which employed (or employer) *farming 5^{1/2} E*

9 BIRTHPLACE (City or town, State or foreign country) *Marion Mo*

10 NAME OF FATHER *Hugh Glenn*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Don't know.*
12 MAIDEN NAME OF MOTHER *Giesler*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Don't know.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. A. Spencer*
(Address) *Vichy Mo.*

15 Filed *July 16 1916* *Jos J. Bunn*
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 13 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191 that I last saw him alive on 191 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of eye.
4 1/2 (Duration) *3* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.
(Signed) *Jos J. Bunn* M. D. *July 14 1916* (Address) *Vichy Mo*

*See the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Miller Cemetery* DATE OF BURIAL *July 14 1916*

20 UNDER TAKER *J. E. Lowe* ADDRESS *Vichy Mo.*

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.

