NOV 25 1929

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

Do not use this space.

33349

File No. 37

Registered No.

1. PLACE OF DEATH

County: Dade — Registration District No. 237

Township: — Primary Registration District No. 4144

City: Greenfield Mo. (No. ..... St. ..... Ward)

2. FULL NAME Rhoda M. Glenn

(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: Female

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: Joel Glenn.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 3. 1870

7. AGE: Years 59 | Months 1 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phillipsburg Mo.

PARENTS

10. NAME OF FATHER: Chas. Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New Hampshire

12. MAIDEN NAME OF MOTHER: Reda

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

14. INFORMANT: Joel Glenn
(Address) Greenfield. Mo.

15. FILED 10-29 1929 E. D. Ball
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1929 to Oct 22, 1929 that I last saw her alive on Oct 21, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus
48 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. J. Drisdel, M. D.
, 19 (Address) Dodsville 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~~: Vaughn Cemetery — DATE OF BURIAL: Oct 23 1929

20. UNDERTAKER: J. W. Ward. — ADDRESS: Greenfield

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.