

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

Do not use this space.

41309

**1. PLACE OF DEATH**

County..... Linn  
Township..... Locust Creek  
City..... (No.....)..... St..... Ward.....

Registration District No..... 501  
Primary Registration District No..... 5666

File No. 69  
Registered No. 24

**2. FULL NAME** William Glenn

(a) Residence. No..... St..... Ward.....  
(Usual place of abode)  
Length of residence in city or town where death occurred 85 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary French Glenn</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June, 26th. 1836</u>		
7. AGE YEARS <u>92</u>	MONTHS <u>5</u>	DAYS <u>26</u>
IF LESS than 1 day, hrs. or min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... Retired farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)** Marion County

(STATE OR COUNTRY) Mo.

<b>PARENTS</b>	10. NAME OF FATHER <u>Ableson Glenn</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Not Known</u> (STATE OR COUNTRY) <u>Ky.</u>
	12. MAIDEN NAME OF MOTHER <u>Rachiel Pappor</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Not known</u> (STATE OR COUNTRY) <u>Ky</u>

14. INFORMANT Ross Glenn  
(Address) Brookfield Mo.

15. FILED 12/27, 1929 D. J. Taylor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22nd 29 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1929, to Dec 22, 1929, that I last saw him alive on Dec 21, 1929, and that death occurred, on the date stated above, at 10 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar pneumonia  
108

**CONTRIBUTORY (SECONDARY)**

10/10 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Thos. P. Jan, M. D.  
, 19 (Address) Brookfield 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 Laclede, Mo. Cemetery DATE OF BURIAL 12/28, 1929

20. UNDERTAKER C.W. Hill, Brookfield, Mo. ADDRESS

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

1930

