APR 23 1930

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

Do not use this space.

7866

**1. PLACE OF DEATH**

County Buchanan — Registration District No. 86 — File No.

Township Washington, — Primary Registration District No. 5127 — Registered No. 24

City St. J (No. County Infirmary, St. Ward)

**2. FULL NAME** Benjamin F. Glenn,

(a) Residence. No. 104 1/2 North 2nd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single, |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14, 1865

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 4 | 3 | |

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

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Joseph Glenn,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. Mattie Wilson
(Address) 2824 South 19th. Street,

15. FILED 3-19, 1930 J. J. Bauschel REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1930, to Mar 14th, 1930 that I last saw him alive on Mar. 16, 1930, and that death occurred, on the date stated above, at 11:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis pulmonary.

23A Dont know (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Dont know
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical & Microscopical
(Signed) A. E. Holley M. D.
3/17, 1930 (Address) St Joseph 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 — DATE OF BURIAL
Mosley ~~Cemetery~~ Cemetery, — Mch. 19 30

20. UNDERTAKER — ADDRESS
Heaton-Bergole & Bowman — 319 S. 10 St.
Funeral Home.

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.