APR 30 1930

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

Do not use this space.

9491

1. PLACE OF DEATH

County: Marion — Registration District No.: 547 — File No.:

Township: Mason — Primary Registration District No.: 3029 — Registered No.: 68

City: Hannibal (No. Levering Hospital St. Sixth Ward)

2. FULL NAME Leota Glynn

(a) Residence. No. 212 Willow St. St., Sixth Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 16, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	5	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(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): Iowa

PARENTS

10. NAME OF FATHER: Levi Brewington

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mrs. A. E. Shores (Address) Hannibal, Mo.

15. FILED 3/22 1930 C E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/20 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930, to Mch 20, 1930 that I last saw her alive on Mch 20, 1930, and that death occurred, on the date stated above, at 6:33 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46D Septicemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Operation for Cancer Rectum (duration) yrs. 4 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) C E Salyer, M. D.

, 19 (Address) Hannibal 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: Mt. Olivet — DATE OF BURIAL: 3/22 1930

20. UNDERTAKER: Jas. O'Donnell — ADDRESS: Hannibal, Mo

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

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.