AUG 20 1930

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

Do not use this space.

22021

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 854

City St. Joseph, (No. 1718 South 9th. St. Ward)

2. FULL NAME Jasper Glenn,

(a) Residence. No. 1718 South 9th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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)
Male	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 14, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	58	5	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bridge Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad,

(c) Name of employer C.B.& Q.Ry.Co.

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

PARENTS

10. NAME OF FATHER Andrew Glenn

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

12. MAIDEN NAME OF MOTHER Emaline Long,

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

14. INFORMANT Mrs. Emiline Glenn (Address) 1718 South 9th. Street.

15. FILED JUL 25 1930, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25. 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 3:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide By Cutting throat at 1718 So. 9th

168 (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) None

(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B.W. Tadlock Coroner M. D.

7/25 1930 (Address) 821 Francis

*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
Mount Mora Cemetery	July 26 1930
20. UNDERTAKER	ADDRESS
Heaton, Belsole & Bowman	319 S.10 St.

Funeral Home

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.