

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

Do not use this space.

6204

1. PLACE OF DEATH

County Linn Registration District No. 1496
Township Brookfield Primary Registration District No. 3025
City Brookfield (No. _____) St. _____ Ward _____

File No. _____
Registered No. 20
St. _____ Ward _____

2. FULL NAME

James M. Glenn
(a) Residence No. 335-C. Dake St. 1 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1912 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) Lynchburg (STATE OR COUNTRY) Va.

13. NAME Robert Glenn

14. BIRTHPLACE (CITY OR TOWN) Lynchburg (STATE OR COUNTRY) Va.

15. MAIDEN NAME Sarah Pearson

16. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY) Virginia

17. INFORMANT Mr. James M. Glenn (ADDRESS) Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill Cemetery DATE 2-17-1931

19. UNDERTAKER Bessie (ADDRESS) Brookfield Mo

20. FILED Feb. 17, 1931 Bessie M. Gore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Feb. 15, 1931.

I last saw him alive on Feb. 15, 1931. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Myofibrosis Date of onset 1928
151

Other contributory cause of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Aluminum Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Prothmann, M. D.
(Address) Brookfield 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.

MAR 25 1931

