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

Do not use this space.

16877

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 — File No.

Township: — Primary Registration District No. ~~[illegible]~~ — Registered No. 108

City: Nevada (No. 4, 2039 St. Ward)

2. FULL NAME Lula B. Glenn

(a) Residence. No. State Hospital #3 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

MAY 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D-13. 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	47	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housework 235
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alabama
(STATE OR COUNTRY) —

PARENTS
10. NAME OF FATHER James Bozeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY) —
12. MAIDEN NAME OF MOTHER Laura Bellu
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY) —

14. INFORMANT State Hospital # 3
(Address) Nevada Mo.

15. FILED 5/7/ 1931 E. R. King REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1931

17. I HEREBY CERTIFY, That I attended deceased from October 24, 1928, to April 29, 1931, that I last saw her alive on April 28, 1931, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2 Pulmonary tuberculosis
2 A
X 4 (duration) 2 yrs. + mos. ds.

CONTRIBUTORY (SECONDARY) Manic Depressive Psychosis (duration) 2 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? Clinical

(Signed) H. Engstrom, M. D.
April 29, 1931 (Address) State Hospital # 3

*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
Kansas City Mo	May 1 1931
20. UNDERTAKER	**ADDRESS**
Clyde A Neely	Nevada Mo

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.

5/10/51

K. Snyetoff