

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

Do not use this space.

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1. PLACE OF DEATH

County Chariton Registration District No. 169
Township Brunswick Primary Registration District No. 4098
City Brunswick (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4

2. FULL NAME

TOOLA B. GLENN

(a) Residence, No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-17, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1932, to Nov. 17, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15-1872

I last saw her alive on Nov 17, 1932. Death is said to have occurred on the date stated above, at 7 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 9 2

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

Ruptured appendix Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Chronic interstitial nephritic 6 yrs -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

13. NAME Henry Elliott

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Elizabeth Dearing

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

17. INFORMANT Harry Glenn (ADDRESS) Brunswick Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo. DATE Nov 18, 1932

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER W. Maers (ADDRESS) Brunswick Mo.

If so, specify _____ (Signed) Harry E. Glenn, M. D.

20. FILED 11/18, 1932 Harry E. Glenn Registrar.

(Address) Brunswick 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.

