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.

APR 22 1933

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

Do not use this space.

9390

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 86
City Independence (No. , St. Ward)

2. FULL NAME John J. Glennon
(a) Residence, No. 733 N. Main 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single (never was never married)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15 - 1867.
7. AGE: YEARS 65 — MONTHS 8 — DAYS 29 — If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Independence. Jackson County. Missouri

FATHER
13. NAME: Martin Glennon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): County Galloway. Ireland.

MOTHER
15. MAIDEN NAME: Mary Burns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): County Galloway. Ireland.

17. INFORMANT (ADDRESS): Miss Bea Glennon 733 N Main St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE Mar 15 1933
19. UNDERTAKER (ADDRESS): Ott + Mitchell Independence Mo
20. FILED Mar 14 1933 J L Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1931, to Feb. 6, 1933
I last saw him alive on Feb. 6, 1933. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis — Date of onset
93.0
95.0
93.0
Other contributory causes of importance:
Cardio-renal disease
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) E. L. Emsberg M. D.
(Address) 709 Shukert Bldg Kcmo

1932 June 17

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