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.

AUG 22 1933

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

Do not use this space.

22705

1. PLACE OF DEATH

29

County Dade — Registration District No. 1109 — File No. 5

Township Sac — Primary Registration District No. 5333 — Registered No. 5

City N. E. of Greenfield Mo. (No. ..... St. ..... Ward)

2. FULL NAME Eugene Eisert Glenn

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

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: Caucasion

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 13. 1933

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

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 8

MOTHER

15. MAIDEN NAME Edra Glenn.

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

17. INFORMANT (ADDRESS) Joel Glenn. Greenfield. Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE July 14 1933

19. UNDERTAKER (ADDRESS) J. W. Ward. Greenfield. Mo.

20. FILED ..... 19 ..... O. E. Ball D. G. Hemball Registrar.
J. W. Ward Asst Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 13, 1933

I last saw him alive on July 13, 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Strangulation from umbilical cord.

160B 160B

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) H. O. Cowan, M. D.

(Address) Greenfield Mo.