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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.: 24766

Township: Kaw — Primary Registration District No.: — Registered No.:

City: Kansas City (No. 4137 Harrison St. Ward)

2. FULL NAME: Glenn Bain

(a) Residence, No. 4137 Harrison 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 23, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	39	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for several years

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): Kansas City, Kansas

FATHER

13. NAME: L. S. Bain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Lulu B. Sims

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs. Bonnie Lamas, 4137 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Moriah DATE: July 24, 1934

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Place

20. FILED: July 24, 1934 M. M. Crowe, Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from about 1/1, 1934, to 7/22, 1934. I last saw him alive on 7/24, 1934. Death is said to have occurred on the date stated above, at A. m. 10:30

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

Pulmonary Tuberculosis. — Date of onset

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Other contributory causes of importance:

Pulmonary Hemorrhage.

Name of operation: none — Date of:

What test confirmed diagnosis? Sputum, X Ray — 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) Sam H. Hinkle, M. D.

(Address) 713 Wed Arts Bldg, Kansas City, 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.

JUL 25 1934

V.S. NO. 2 100M-11-24-33

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