

JUN 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City Kennett (No. 17)

Registration District No. 199
Primary Registration District No. 1002

File No. 19819
Registered No. 5502
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min. 37

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

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) mo

13. NAME Robert Glenn

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Robert Glenn
Warrensburg mo

18. BURIAL, CREMATION, OR REMOVAL Warrensburg, mo DATE 6-16-35

19. UNDERTAKER (ADDRESS) Flynn + Brennan
Kennett, mo

20. FILED 6-16 1935 MM - Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1935

22. I HEREBY CERTIFY that I attended deceased from _____, 19____ to _____, 19____

I last saw him live on _____, 19____. 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:

Shot wound of the chest

Date of onset _____

Other contributory causes of importance: _____

Name of operation Autopsy 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 6-15-35

Where did injury occur? Mo. Warrensburg, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in a residence

Manner of injury Trauma by pressure

Nature of injury _____

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

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.

