NOV 18 1935

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

Do not use this space.

31990

1. PLACE OF DEATH
County Buchanan, Registration District No. 86 File No.
Township Washington Primary Registration District No. 5127 Registered No. 87
City (No. ~~Paseo Street,~~ R.F.D.# 5, St. Ward)

2. FULL NAME Emaline Glenn,
(a) Residence, No. Paseo St.R.F.D.# 5 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct.8th.1843

7. AGE: YEARS 92 | MONTHS 0 | DAYS 23 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) October 1935,
11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry County, Missouri

FATHER
13. NAME: James Long,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER
15. MAIDEN NAME: Sarah Weston,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Mrs John Farrow R.F.D.# 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt.Mora Cem. DATE Nov. 2nd. 1935

19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman Fh. 319 South 10th St. St. Joseph, Mo.

20. FILED Oct 31 1935 J. J. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1935 to Oct 31, 1935
I last saw her alive on Oct. 31, 1935. Death is said to have occurred on the date stated above, at 5:48 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1930?

Other contributory causes of importance: None

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical 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) Gordon D. Wright, M. D.
(Address) 845 So. 19 St. St Jos. 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.

100M-11-24-33