

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

Do not use this space.

39352°

1. PLACE OF DEATH ²² JAN 26 1936

County Harrison Registration District No. 334
Township Jupiter Primary Registration District No. 5467
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 405

2. FULL NAME William P Glenn

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Winnie Glenn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 10 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 21

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. _____
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) Harrison Mo.

MOTHER FATHER 13. NAME Clinton Glenn

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

15. MAIDEN NAME Jane Holister

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

17. INFORMANT Winnie Glenn (ADDRESS) Bethany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Cemetery DATE 12 - 2 1935

19. UNDERTAKER (ADDRESS) S. M. Pappert Bethany Mo.

20. FILED 3 1935 W. S. Wierling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to 12 - 1, 1935.
I last saw him alive on Nov. 28, 1935. Death is said

to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

Leucisoma y Shoot, Date of onset 3/24/35

Other contributory causes of importance: 48

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? No.
If so, specify Co. M. Pappert Co.
(Signed) W. S. Wierling (Address) Bethany Mo.

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.

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