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.

SEP 21 1936

SEP 21 1936

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

Do not use this space.

26071

1. PLACE OF DEATH

County Daviess Registration District No. 248

Township Liberty Primary Registration District No. 5344

City ..... (No. Daviess County Home St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Glenn Virgil Poe

(a) Residence, No. Carlow Mo. 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8 1879

7. AGE: Years 56 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor

10. Date deceased last worked at this occupation (month and year) July 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co. Missouri

FATHER

13. NAME J. C. Poe

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

MOTHER

15. MAIDEN NAME Fannie Tooley

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

17. INFORMANT Emery Poe
(ADDRESS) 1426 Summit, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek, Cem. DATE July 26 1936

19. UNDERTAKER Hope Furn. & Undt. Co.,
(ADDRESS) Gallatin, Mo.

20. FILED 7-27 1936 Fern A. L. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to July 25, 1936

I last saw him alive on July 23, 1936. Death is said to have occurred on the date stated above, at 12:15 AM

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

	Date of onset
Chronic Pancreatitis	
Hepatitis	
121	

Other contributory causes of importance:

Asthma

Name of operation ..... 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? .....

If so, specify .....

(Signed) Floyd E. Nelson M. D.

(Address) Gallatin, Mo.