

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.

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

Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH

51 County Johnson  
Township Centerview  
City Centerview (No. 1)

Registration District No. 431  
Primary Registration District No. 5589

File No. 15026  
Registered No. 41  
St. Centerview Ward 450

2. FULL NAME

Julia Annie Glenn

(a) Residence, No. 450 St. Centerview Ward 450  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hra. or .....min.
	<u>64</u>	<u>5</u>	<u>14</u>	

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

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) Kingville Mo

13. NAME Joseph Harden

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

15. MAIDEN NAME Lizzie Campbell

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

17. INFORMANT (ADDRESS) Mrs Alberta Harvey Centerview, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE April 24 1938

19. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg, Mo.

20. FILED Apr 29 1938 Earl Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1938, to April 21, 1938. I last saw her alive on April 19, 1938. Death is said to have occurred on the date stated above, at 1:20 A.M.

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

Coronary thrombosis Date of onset April 19th 1938  
9412

Other contributory causes of importance:

Name of operation none Date of —  
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) John T Anderson M. D.

(Address) Warrensburg Mo  
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