

REC'D DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

71 County Saline Registration District No. 796
Township _____ Primary Registration District No. 3238
City Marshall (No. 680 W. Boyd St) St. _____ Ward _____
Registered No. 40461
File No. 169

2. FULL NAME

45 Fred Glenn
(a) Residence, No. 680 W. Boyd 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 17

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. Foreman

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) Frankford Mo

13. NAME Robert Glenn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Frankford Mo

15. MAIDEN NAME Lizzie Radding

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

17. INFORMANT (ADDRESS) Mr. Fred Glenn

18. BURIAL, CREMATION, OR REMOVAL PLACE 680 W. Boyd Marshall DATE Nov 6 1938

19. UNDERTAKER (ADDRESS) J. J. Mendenhall

20. FILED 11-30-38 Mary Kent Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from held inquest, 1938, to Nov 4, 1938

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4 P.m.

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

Shot gun wound in top of head said gun fired by his own hand with suicidal intent.

Other contributory causes of importance:

Name of operation _____ 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? suicide 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) B. C. Bradshaw, M. D.

(Address) Arrow Rock, Mo.

Coroner - Saline Co. 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/9/38