DEC'D FEB 21 1939

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

Do not use this space.

1438

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 7
City Kirksville (No. 602, South Ely St. 4 Ward)

2. FULL NAME Virena Ann Glynn
(a) Residence, No. 602 S. Ely St., 4 Ward. (If nonresident, give city or town and State)
(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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Owen T. Glynn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-24-1872
7. AGE: YEARS 66 — MONTHS 2 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Aug. 1938
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Handcock Co. Ill.

FATHER
13. NAME: Vernon Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Elnore Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Handcock Co. Ill.

17. INFORMANT (ADDRESS): O. T. Glynn, 602 S. Ely Kirksville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland Park DATE: 1-9 1939
19. UNDERTAKER (ADDRESS): Dee Riley Funeral Home, Kirksville Mo
20. FILED: Jan 9 1939 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1938, to Jan. 6, 1939
I last saw her alive on Jan 6th, 1939. Death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lungs - secondary to carcinoma of kidney (primary)	
Other contributory causes of importance: 5 3/4	

Name of operation: Removal of rt kidney — Date of: Sept. 1938
What test confirmed diagnosis? X-ray & 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) Spencer L. Freeman, M. D.
(Address) Kirksville, 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. 10
District File Number 10-39-23
Date Filed FEB 9 1939