

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

Do not use this space.

26638

REC'D AUG 31 1939

1. PLACE OF DEATH

County Ray
 Township Polo
 City Lawson (No. 4444)

Registration District No. 742
 Primary Registration District No. 5977

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

450 David Kelly 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-10-1876

7. AGE YEARS 63 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Polo (STATE OR COUNTRY) Missouri

13. NAME David A. Glenn

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

15. MAIDEN NAME Susan Vincent

16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) _____

17. INFORMANT R. E. Glenn, Sr. (ADDRESS) Lawson Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson DATE 7-23 1939

19. UNDERTAKER Richard Jarman Funeral Home (ADDRESS) Lawson Missouri

20. FILED July 22, 1939 Edwin Shouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on July 21st, 1939. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

myocarditis
cardiac failure
Diabetes mellitus

Other contributory causes of importance: 59

Date of onset was
 called to see him but was
 dead when found

Name of operation none Date of _____

What test confirmed diagnosis? Glucose 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) Edwin Shouse, M. D.

(Address) Lawson, 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 627139
Date Filed _____