

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

Do not use this space.

FILED MAR 6 1944

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1. PLACE OF DEATH

County Franklin Registration District No. 111
Township Boles Primary Registration District No. 5426
City Pacific (rural) (No. 1) St. _____ Ward _____

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME Edwin Marshall 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 4 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-22-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. of _____ min.
72 2 17

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

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) Bradford, Pa.

13. NAME Harry C. Glenn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford, Pa.

15. MAIDEN NAME Rachel Marshall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford, Pa.

17. INFORMANT (ADDRESS) Mrs. Mae Glenn Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 1-11-44

19. UNDERTAKER (ADDRESS) Pro. J. Shields Pacific, Mo.

20. FILED 1710 1944 H. Blush C. Dether Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-44 1944

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1943 to Jan. 5th, 1944

I last saw him alive on Jan. 5th, 1944 Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Myocarditis. Date of onset 1941

Other contributory causes of importance: Chronic Interstitial Nephritis 1942

Name of operation _____ Date of _____

What test confirmed diagnosis? 13/a Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1944

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) H. M. Ray, M. D.

(Address) Pacific, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer for 91
District File Number 77112
Date Filed