

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

Do not use this space.

10531

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blair Primary Registration District No. 554
 City Independence (No. 10302 Winnem Road)
 St. _____ Ward _____

2. FULL NAME Mrs Annis Rogers Glenn

(a) Residence No. 10302 Winnem Road 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-1-1929

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

17. I HEREBY CERTIFY, That I attended deceased from 12/11, 1928, to 3/1, 1929, that I last saw h. at alive on 3/1, at, and that death occurred, on the date stated above, at 7:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-31-1854

THE CAUSE OF DEATH** WAS AS FOLLOWS:
renal tubulosis following
flu

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, _____ hrs. or _____ min.
	74	7	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work XXX
 (b) General nature of industry, business, or establishment in which employed (or employer) XXX
 (c) Name of employer XXX

11513 subacute (duration) yrs. 2 mos. 30 ds.
 11022 Contributory subacute Stomachitis
 (SECONDARY) (duration) yrs. 2 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Danville
 (STATE OR COUNTRY) Illinois

18. WHERE WAS DISEASE CONTRACTED Illinois
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Jacob George Roberts

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) [Signature], M. D.

12. MAIDEN NAME OF MOTHER Sarah McFarland

3/2, 1929 (Address) Indep., Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Merle M. Quick
 (Address) 104 So Willis Indep. Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mound Grove DATE OF BURIAL 3/3 1929

15. FILED 3-4-29 F. L. Cook REGISTRAR

20. UNDERTAKER [Signature] ADDRESS Indep. Mo.

Exact statement of OCCUPATION is very important. Do not leave blank. Do not use this space.

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