

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

Do not fill this space.  
**39559**

**4561**

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 3300 Karnes Blvd.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Anna Coyle Glynn

(a) Residence, No. 3300 Karnes Blvd. St. 5 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thos. Glynn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25th, 1861</u>				
7. AGE YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>6</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>N.Y.</u> <u>A</u>				
FATHER	13. NAME <u>Michael H. Coyle</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> <u>15</u>			
MOTHER	15. MAIDEN NAME <u>Mary McHale</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT <u>T. F. Glynn</u> (ADDRESS) <u>3300 Karnes Blvd.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>12/5/32</u> 19__				
19. UNDERTAKER <u>W. F. Hayberry</u> (ADDRESS) <u>City</u>				
20. FILED <u>12/3</u> 19 <u>32</u> <u>M M Crowe</u> <u>asst.</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** December 1st, 1932

**22. I HEREBY CERTIFY**, That I attended deceased from Oct 27, 1932 to Dec 1, 1932  
I last saw him alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 9.55 Pm.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis (Chronic-degenerative) Date of onset OK  
936  
448  
ABC  
Other contributory causes of importance: Coronary occlusion Mass

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? \_\_\_\_\_ 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) G. H. Home, M. D.  
(Address) 3 Dec '32, 1000 Rialto Bldg

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.

Rec. 2110  
203913