

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

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

County Wright  
Township Winn Grove  
City Winn Grove (No. .... St. .... Ward)

Registration District No. 908  
Primary Registration District No. 6222

File No. 17928  
Registered No. 19

**2. FULL NAME** Sarah E. 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 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hr. or .... min.  
86 6 7

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

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) Jackson Co. Ill

13. NAME Thomas E. Bugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) M. S. Glenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest DATE 4-6- 1937

19. UNDERTAKER (ADDRESS) Botten Funeral Home

20. FILED 4-30 1937 Berice Montgomery Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 4/4 - 1937, to 4/5 - 1937

I last saw her alive on 4/4 - 1937. Death is said

to have occurred on the date stated above, at 12 P. m.

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

Felicit

Date of onset

Other contributory causes of importance:

11B

Name of operation Date of

What test confirmed diagnosis? 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, 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?

If so, specify

(Signed) R. W. Taylor, M. D.

(Address) Winn Grove

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

