

RECD SEP 9 1938

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

Do not use this space.

28198

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Atchison Registration District No. 21  
Township near Hamburg Primary Registration District No. 5030  
City near Hamburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Glenn Wm Cary  
(a) Residence, No. Hamburg, Ia St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) In Atchison Co Mo.  
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 Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1906  
7. AGE YEARS 32 MONTHS 1 DAYS 28  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Missouri  
13. NAME Wm Cary  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
15. MAIDEN NAME Bessie Stoner  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT Wm Cary  
(ADDRESS) Hamburg Ia  
18. BURIAL, CREMATION, OR OTHER PLACE Atchison Co Mo DATE Aug 30 1938  
19. UNDERTAKER (ADDRESS) Harry H. Mansfield  
20. FILED Aug 30 1938 J. A. Dray Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1938  
22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1938 to Aug 28 1938  
I last saw him on Aug 28 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
was killed on C.B. & O. R.R. 2 miles south of Hamburg, Ia  
at about 6:10  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: no  
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? Accident Date of injury Aug 28 1938  
Where did injury occur? 2 miles south of Hamburg, Ia  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
On R.R.  
Manner of injury hit by train  
Nature of injury fracture of body  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) G. R. Routh, M. D.  
(Address) Atchison, Mo

Corrected Sept 27 - 1938 by corrected certificate to Wood

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



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**CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Atchison Registration District No. 21 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Near Hamburg, Ia. (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Glenn Wm. Cary

P. O. (a) Residence, No. \_\_\_\_\_ Hamburg, Ia. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) in Atchison Co. Mo. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
22 32 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Missouri

FATHER 13. NAME Wm. Cary

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

MOTHER 15. MAIDEN NAME Dessie Stoner

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

17. INFORMANT Wm. Cary  
 (ADDRESS) Hamburg, Iowa,

18. BURIAL, CREMATION, OR REMOVAL PLACE High Creek Cemetery DATE Aug. 30, 1938

19. UNDERTAKER Harry N. Mansfield Hamburg, Ia.  
 (ADDRESS) Harry N. Mansfield, Hamburg, Ia.

20. FILED Sept 30, 1938 J. A. Gray  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1938, to Aug 28, 1938  
 I last saw him alive on Aug 28, 1938. Death is said to have occurred on the date stated above at 7:30 Am.  
 The principal cause of death and related causes of importance were as follows:

Was killed on C. & B. & O. R.R. 14 1/2 miles south of Hamburg, Iowa in Atchison Co, Mo.

Other contributory causes of importance:

None

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 Accident Date of injury Aug 28, 1938  
 Where did injury occur? R.R. 14 1/2 miles south of Hamburg, Ia.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Killed on R.R.  
 Manner of injury Run over by body of  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) L. G. Renty \_\_\_\_\_, M. D.  
 (Address) B. G. Renty, \_\_\_\_\_  
Atchison Co, Mo.

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