

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

Do not use this space

*Glynn*

Dr 17690

1. PLACE OF DEATH  
 37 County Greene Registration District No. 318  
 Township \_\_\_\_\_ Primary Registration District No. 2001  
 City Springfield, Mo. 973 Mary St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME John P. McLammon  
 (a) Residence No. 973 Mary 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.

File No. \_\_\_\_\_  
 Registered No. 387  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Lacey O McLammon  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 - 1853  
 7. AGE YEARS 77 MONTHS 11 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 206  
 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) Pulaski, Mo.  
 13. NAME Samuel McLammon  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME Mary E. Brown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 17. INFORMANT John P. McLammon  
 (ADDRESS) 973 Mary  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hoselwood DATE May 19 - 1931  
 19. UNDERTAKER (ADDRESS) Wm. Foppmeyer 7 Home  
534 St. Louis  
 20. FILED 5-19 1931 John Sharp Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 - 1931  
 22. I HEREBY CERTIFY That I attended deceased from May 18 1931, to May 17 1931  
 I last saw him alive on May 16 1931 Death is said to have occurred on the date stated above, at 4:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Mucular heart disease Date of onset \_\_\_\_\_  
Arteriosclerosis  
 4:30  
 4:4  
 1:30  
 Other contributory causes of importance: Tubercular nephritis (C)  
 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? No  
 If so, specify Robert Glynn  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) Springfield, 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.

MIN 25 1931

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