

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

Do not use this space.

39145

JAN 26 1934
10

PLACE OF DEATH
County Boone Registration District No. 74
Township Rocky Fork Primary Registration District No. 5113
City Booneville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13

2. FULL NAME Glenn Cotner
(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 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) Don't know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Don't know know
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer
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) Don't know
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT E. S. Davis, Coroner
(ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion DATE 12/27 33
19. UNDERTAKER Parker Funeral Co.
(ADDRESS) 16 N. 10th St.
20. FILED 12-29- 1933 Ma. F. Jewett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18- 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933, to X 19____
I last saw h. X alive on _____ 19____ Death is said to have occurred on the date stated above, at 1:15 p. m.
The principal cause of death and related causes of importance were as follows:
Guns shot wound Date of onset _____
Self inflicted
157 / 167
Other contributory causes of importance _____
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? suicide Date of injury Dec 18, 1933
Where did injury occur? at his home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In his home -
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? X
If so, specify _____
(Signed) E. S. Davis, Coroner M. D.
(Address) Columbia Mo.

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.

DEPARTMENT RECORD

1933
1858
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