

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

312

PLACE OF DEATH
 County Mecklenburg
 Township Charlotte
 Town _____
 City Charlotte
 FULL NAME Wm B Glenn

CERTIFICATE OF DEATH

Registration District No. 60-2416
 (No. 207 N Myers St. 1 Ward)

Certificate No. _____

[If death occurred in a hospital or institution, give its NAME, instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>Nov 28th 1864</u> (Month) (Day) (Year)		
AGE <u>49</u> yrs. <u>1</u> mos. <u>16</u> ds. or If LESS than 1 day, ... hrs. or min.		
OCCUPATION (a) Trade, profession, or particular kind of work: <u>Fireman</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
EDUCATIONAL ATTAINMENTS <u>Common School</u>		
BIRTHPLACE <u>Mecklenburg Co. NC</u>		
PARENTS	NAME OF FATHER <u>John Glenn</u>	
	BIRTHPLACE OF FATHER (State or County) <u>Orange County, NC</u>	
	MAIDEN NAME OF MOTHER <u>Jane Hunt</u>	
	BIRTHPLACE OF MOTHER (State or County) <u>Mecklenburg County</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. T. Speltzer
 (Address) 1204 E 4 St

Filed 7-3-14, 1914 J. Chester Roberts Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
July 1st 1914
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1st 1914 to July 1st 1914, 1914
 that I last saw him alive on July 1st 1914, 1914
 and that death occurred on the date above stated, at 5:30 a.m.

THE CAUSE OF DEATH* was as follows:
Fractures

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) Explosion of Dynamite
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. F. S. Davidson M. D.
July 1st 1914 (Address) Charlotte, N.C.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Elmwood Cemetery</u>	DATE OF BURIAL <u>July 3 - 14, 1914</u>
UNDERTAKER <u>J. M. Harry and Co. Charlotte</u>	ADDRESS

N. S. 1-10-14. 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. See instructions on back of certificate.