

1. PLACE OF DEATH:

(a) County MANITOWOC  
(b) Township \_\_\_\_\_  
City or Village MANITOWOC  
(c) Name of hospital or institution \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State WISCONSIN (b) County MANITOWOC  
(c) Township \_\_\_\_\_  
City or Village MANITOWOC  
(d) Street No. 719 S. 16 ST  
(If rural, give Route No. and Post Office)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_

3. (a) FULL NAME ULYSSES S. GRANT Mc GLYNN

3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. 392-03-6340

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife BERTHA BOUSUM 6. (c) Age of husband or wife if alive 63 years.

7. Birth date of deceased 5 26 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 3 0 hr. min.

9. Birthplace LANCASTER PENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation NIGHT WATCHMAN

11. Industry or business ALUMINUM GOODS MFG. Co.

12. Name ANTHONY Mc GLYNN  
13. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA LEWELLYN  
15. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant C. G. Mc GLYNN

(b) Address 1235 So 12 ST. MANITOWOC

17. (a) BURIAL (b) Date thereof 8-29-41  
(Burial, cremation or other) (Mo.) (Da.) (Yr.)

(c) Place: burial or cremation EVERGREEN

18. (a) Signature of funeral director EDWARD L. KOHL

(b) Address MANITOWOC WISCONSIN

19. (a) 8-29-41 (b) G. E. WALL, M.D.  
(Date received local registrar) (Registrar's signature)

(c) \_\_\_\_\_ (d) HEALTH COMM.  
(Date received sub-registrar) (Sub-registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Aug Day 26 Year 1941

21. I hereby certify that I attended the deceased from July 28 1941, to Aug 25 1941, that I last saw him alive on July 25 1941, and that death occurred on the date stated above at 10:45 AM.

Immediate cause of death  
Carcinoma of Stomach + Strangulation

Due to Cancer of stomach - gastric  
Due to \_\_\_\_\_

Other conditions General Inanition  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

Duration \_\_\_\_\_  
Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

46.6

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, homicide (specify)   
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City, village or township, county and state)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work?  (c) Means of injury \_\_\_\_\_

23. Signature Edward E. Wall (M.D. or other)  
Address Manitowoc, Wis. Date signed 8/26/41