FEB 21 1928

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

Do not use this space.

1653

1. PLACE OF DEATH
County Laclede — Registration District No. 446 — File No.
Township — Primary Registration District No. 4267 — Registered No. 1428
City Lebanon (No. ..... St. ..... Ward)

2. FULL NAME MARY EMILY GLEASON
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: L. D. Gleason

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 8, 1843

7. AGE: 84 YEARS — MONTHS: 4 — DAYS: 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Salem
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Isac Barr
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Mary Houts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ky.

14. INFORMANT: Miss Francis Gleason
(Address): Lebanon Mo.

15. FILED 1/24 1928 J W Billery REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 28 1928 to Jan 22, 1928 that I last saw her alive on Jan 22, 1928, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
1844
1928
(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Fractured Femur by a fall Accidental
(duration) ..... yrs. 3½ mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) P T Thompson, M. D
, 19 (Address) Lebanon Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lebanon Mo. — DATE OF BURIAL: 1-24 1928

20. UNDERTAKER: Palmer — ADDRESS: Lebanon

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.