

CT 22 1928 3.58

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

Do not use this space.

29767

1. PLACE OF DEATH

County Wachman
Township St. Joseph
City St. Joseph (No. 1001)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1073
St. Ward

2. FULL NAME

John LaVelle Gleason
(a) Residence No. State Road #2 St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 wks. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 0 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER James P. Gleason

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER Mary LaVelle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mass

14. INFORMANT (Name and Address) Records State Road #2 St. Joseph Mo

15. FILED SEP 13 1928 John G. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 9 1928 to Sept 9 1928 that I last saw him alive on Sept 9 1928, and that death occurred, on the date stated above, at 10:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-enteritis

120 B
114 B
CONTRIBUTORY (SECONDARY) 4 da.
(duration) yrs. 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? Cultural
(Signed) A. A. ..., M. D.
Sept 9, 1928 (Address) State Road #2

*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 DATE OF BURIAL
State Hospit Care Sept 13 1928

20. UNDERTAKER ADDRESS
W. D. Clark 5025 King Hill

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.

WHILE PLACED, WITH CHARGING INTERESTING IS AN ENLIGHTENED RECORD

