

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.

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

Do not use this space.

✓ 33690

1. PLACE OF DEATH

County..... Registration District No. 33
 Township..... Primary Registration District No. 10062
 City St. Louis (No. City Hospital) St. Ward

File No.
 Registered No. 8982
 St. Ward

2. FULL NAME

John M. Glooson Glooson
 (a) Residence, No. 6337 Wallman Wellston mo Ward 13 Wellston Mo
 (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 0 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 95
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tuck Pointing
 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) Arkansas 2

FATHER 13. NAME George Glooson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Cora Bushy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Lillie Glooson
 (ADDRESS) 6337 Wallman Wellston mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kensett Arkansas DATE 10-12-32

19. UNDERTAKER Louis H. Bohp
 (ADDRESS) Millwood mo

20. FILED OCT 10 1932 Map G. Starkloff (Address) 103
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1932

22. No physician in attendance I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 12:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Shock injuries (Rupture of right lung) received in fall from scaffold while working in same
 Date of onset 15

Other contributory causes of importance:
18 1/2 Accident

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 10/7, 1932

Where did injury occur? St. Louis mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury fall from scaffold
 Nature of injury Ruptured Right Lung

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) [Signature]
 (Address) [Address]

