APR 20 1936

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

53 Do not use this space.

11111

1. PLACE OF DEATH
County Jackson
Township Prairie
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 400
Primary Registration District No. 5553B

File No. .....
Registered No. 68

2. FULL NAME Joe Gleason
(a) Residence, No. Jackson County Home Ward. .....
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1881

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Missouri

FATHER
13. NAME No Data
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER
15. MAIDEN NAME No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Ernest Jackson
(ADDRESS) Co. County Home

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph Mo. DATE 3/28/36 19

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED Mch 27 1936 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1936 to 3-27, 1936
I last saw him alive on 3/26, 1936 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. B. Greene, M. D.
(Address) Independence Mo

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.