

DEC 18 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County GreeneRegistration District No. 318Township CampbellPrimary Registration District No. 5440City Springfield(No. U. S. Hospital)File No. 41001Registered No. 9930

St. \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME GLEASON, Myrl

(a) Residence, No. \_\_\_\_\_

St., \_\_\_\_\_

Ward. \_\_\_\_\_

Seminole, Okla.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1 mos. 29 ds.

How long in U. S., if of foreign birth? - yrs. - mos. - ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Gleason6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
✓	<u>41</u>	<u>5</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Driller9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil10. Date deceased last worked at this occupation (month and year) Unknown11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Missouri  
U. S. A.13. NAME John Gleason14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin  
U. S. A.15. MAIDEN NAME Elizabeth Gleason16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Deceased  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Seminole, Okla. DATE Nov. 4, 193619. UNDERTAKER Alma Lohmeyer Funeral Home  
(ADDRESS) Springfield, Mo.20. FILED 11-4 36 Chas. A. Gergert  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1936 1922. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1936 19, to Nov. 3, 1936 19.I last saw him alive on Nov. 3, 1936, 19. Death is said to have occurred on the date stated above, at 1:35 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis 10-1936 Date of onset!

Other contributory causes of importance:

Pulmonary tuberculosis 1935Name 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 \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify Yes(Signed) E. V. Green, Asst. Surgeon, U. S. M. D.

Hospital for Def. Del., Springfield, Mo.

(Address)

Registrar

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

