

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
General Hospital

File No. 6252
Registered No. 639
St. _____ Ward _____

2. FULL NAME

William J. Gleason

(a) Residence, No. Cherry St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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) About 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs or _____ min
About 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Hospital
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) Massachusetts

13. NAME Cornelius Gleason

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

15. MAIDEN NAME Johanna Sheehan

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

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Northampton, Mass DATE 2/4/37, 1937

19. UNDERTAKER Melody-McGillley
(ADDRESS) A. C. O.

20. FILED 7/4/37 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/37

22. I HEREBY CERTIFY that _____ deceased from _____, 1937 to _____, 1937

I last saw him _____ alive on _____, 1937. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic glomerular nephritis
Chronic interstitial nephritis
Arteriosclerosis

Other contributory causes of importance: _____

Name of operation _____ Date _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), list in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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 _____

(Signed) _____, M. D.
(Address) _____

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.

OCT 31 1950