

Statement of OCCUPATION is very important.

JUN 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dent  
Township \_\_\_\_\_  
City Salem (No. \_\_\_\_\_)

Registration District No. 266  
Primary Registration District No. 4164

File No. 19903  
Registered No. 37  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John H Gleason

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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26/37, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937, to May 27, 1937. I last saw him alive on May 27, 1937. Death is said to have occurred on the date stated above, at 2:30 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1861

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 8 14

Lobar Pneumonia

Date of onset 5/25/37

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cobbler  
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 \_\_\_\_\_

Other contributory causes of importance: Myocarditis  
Chronic Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottumwa Iowa

FATHER 13. NAME Ariel Gleason

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ----- p-----

MOTHER 15. MAIDEN NAME Elmina McCarty

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.

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

17. INFORMANT Ruth Gleason (ADDRESS) Salem Mo

Manner of injury ---  
Nature of injury ---

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove Cem DATE 5/28/37, 1937

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo

If so, specify \_\_\_\_\_ (Signed) F. E. Spaulding, M.D.  
(Address) Salem, Mo.

20. FILED May 29 1937 F. E. Spaulding, M.D. Registrar.

