

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

Do not use this space.

JAN 17 1938

43947

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. St. Josephs Hospital)

File No. 4850

Registered No. 4850

St. _____ Ward _____

2. FULL NAME Timothy F. Gleeson

(a) Residence, No. 2328 Chestnut St. _____ Ward _____

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. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Bridget Gleeson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Dept.
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) Ireland

13. NAME Michael Gleeson

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

15. MAIDEN NAME Bridget Maloney

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

17. INFORMANT (ADDRESS) Mrs. Bridget Gleeson
2328 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE 12-6-37

19. UNDERTAKER (ADDRESS) QUIRK & TOBIN COMPANY
Kansas City, Missouri

20. FILED Dec 3 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to Dec 2, 1937

I last saw him alive on Dec 2, 1937 Death is said to have occurred on the date stated above, at 5:05 p.m.

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

MALIGNANT NEOPLASIA LEFT LOWER LIP (SQUAMOUS CELL CA) Date of onset 1935

Other contributory causes of importance: HEPATIC PALYMNIA

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 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. NO

Manner of injury _____ Nature of injury _____

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

If so, specify. B. C. Zimigard, M. D.

(Address) 6440 Perry St. Kansas City

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

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.

1-10-72

○

●