

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

Do not use this space.

9870

1. PLACE OF DEATH

55

County Lepore
Township Leeds
City (No.) St. Ward

Registration District No. 471
Primary Registration District No. 5634

File No.
Registered No. 13
St. Ward

2. FULL NAME

Jahn Hudson Gley

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 165

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) Bary Co, Missouri

13. NAME Jasper Gley

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

15. MAIDEN NAME Susan Shaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mr Jahn Gley
(ADDRESS) Monett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds Mo DATE 3/6/32

19. UNDERTAKER Callaway
(ADDRESS) Monett Mo

20. FILED 4/7 1932 N Ross Clark
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... 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:

Heart failure
118
118
Other contributory causes of importance: Influenza (5)

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? 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 Dr Patton Crown
(Signed) Quinn Mo
(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.

APR 27 1932

WRITE PLAINLY, WITH CAREFULNESS—THIS IS A PERMANENT RECORD

