

JUN 22 1937

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

Do not use this space.

20382

1. PLACE OF DEATH

County *Jasper*
Township *Galena*
City *Joplin* (No. *1725 Ohio*)

Registration District No. *411*
Primary Registration District No. *2002*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Glenn M. Shireman
(a) Residence, No. *1725 Ohio* St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *31* yrs. *-* mos. *-* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 *Anna M. Shireman*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *February 7, 1906*

7. AGE YEARS MONTHS DAYS *31 3 7*
264 LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Auto Mechanic*

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) *Joplin Missouri*

13. NAME *Thomas Shireman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Indiana*

15. MAIDEN NAME *Mary K. Fritz*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Ohio*

17. INFORMANT *Anna M. Shireman* (ADDRESS) *1725 Ohio, Joplin, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Spark Memorial Park* DATE *May 17, 1937*

19. UNDERTAKER *Lanpher Mortuary* (ADDRESS) *1502 Joplin St., Joplin, Mo.*

20. FILED *5-17-37* *Ed D. James* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14, 1937*

22. I HEREBY CERTIFY That I attended deceased from *Aug 10 1935* to *May 14 1937*

I last saw him alive on *May 14 1937*. Death is said

to have occurred on the date stated above, at *9:20 p.m.*

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

Pulmonary Tuberculosis N. 15

Other contributory causes of importance: *None*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *None* 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? *No*

If so, specify _____ (Signed) *W. H. Loveland*, M. D.

(Address) *Joplin, Mo.*

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.

