

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

Do not use this space.

2656

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *3304 Vista Ave*)

File No.

Registered No. **F 221**

St. Ward)

2. FULL NAME

Verne H. Jordan

(a) Residence. No. St. *18* 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

2. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Renee L. Jordan

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

March 14, 1892

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>35</i>	<i>9</i>	<i>22</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Housework*

(b) General nature of industry, business, or establishment in which employed (or employer). *at home*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Nashville

(STATE OR COUNTRY)

Tennessee

10. NAME OF FATHER

John B. Hoagland

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Lexington

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Cordelia Pruitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Bellevue, Ill.

(STATE OR COUNTRY)

Illinois

14.

INFORMANT *Mrs M. B. Hoagland*
(Address) *3304 Vista Ave*

15.

FILED *MAN - 6 1926*
19 *Man & Starke Coff*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *1-5-28* 19 *28*

17.

I HEREBY CERTIFY, That I attended deceased from *4-20-25* to *1-5-28*, 19... that I last saw her... alive on *1-5-28*, 19... and that death occurred, on the date stated above, at *10-30 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralytic (ascending)

810 720
(duration) *2* yrs. *10* mos. *ds.*

CONTRIBUTORY (SECONDARY)

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

D DID AN OPERATION PRECEDE DEATH? ... DATE OF

WAS THERE AN AUTOPSY? *None*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *W. A. ...*, M. D.

, 19 (Address) *1316 Ave Grand*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Summit Park Cem.

July 7 19 28

20. UNDERTAKER

ADDRESS

Elna Hoagland

1167 Hamilton Ave

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.

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

