R 23 1928

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

Do not use this space.

7894

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 337

City: St. Joseph, (No. 515 So. 5th. St. St. Ward)

2. FULL NAME: Seymour Jordan

(a) Residence. No. 515 So 5th St St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan, 26, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	63	1	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Brick & Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

PARENTS

10. NAME OF FATHER: David E. Jordan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mohawk Valley, N.Y.

12. MAIDEN NAME OF MOTHER: Lusina Elliott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Box, New. Hampshire

14. INFORMANT (ADDRESS): Herbert L. Jordan, Elwood, Ks.

15. FILED: MAR 19 1928 — John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar, 17, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Mch 12th, 1928, to Mch 17th, 1928 that I last saw him alive on Mch 16th, 1928, and that death occurred, on the date stated above, at 10.20 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

92A 101A

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Valvular Heart disease

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) Arthur H. Kelly, M. D

3/17/, 1928 (Address) St Joseph Kingsbury Bldg.

*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: Ashland Cemetery — DATE OF BURIAL: Mar, 19, 1928

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.