

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

Do not use this space.

9910-E

PLACE OF DEATH

County New Madrid
Township Washington
City New Madrid (No. 1)

Registration District No. 604
Primary Registration District No. 5802

File No. 437
Registered No. 437
St. _____ Ward _____

FULL NAME

Jimmy Lee Jordan
(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE Negro | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1910

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
| | <u>17</u> | <u>7</u> | <u>28</u> | |

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Mo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Robert Lee Jordan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Lidde Solomon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY) _____

14. INFORMANT Robert Lee Jordan
(Address) New Madrid Mo.

15. FILED 6/13 28 W. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-7-28, 1928, to 3-8, 1928, that I last saw her alive on 3-8, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1074
1092 Pneumonia

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTROLLED MOA

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. D. Lakee, M. D.
; 19 (Address) New Madrid

*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 Community Cem. DATE OF BURIAL 3-9-1928

20. UNDERTAKER Richards' Mort. Co. ADDRESS Mo.

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.

JUL 1928

