

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

Do not use this space.

11908

1. PLACE OF DEATH

County Scott
Township Wess
City Waplington (No.)

Registration District No. 165-1
Primary Registration District No. 6065C

File No.
Registered No. 4St.Ward)

2. FULL NAME

Walter Gordon

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 | 1 | 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Tompsett Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Albert Gordon

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

12. MAIDEN NAME OF MOTHER Anna Adams

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

14. INFORMANT Albert Gordon
(Address)

15. FILED Mo 20 28 Washley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 18 1928 to Mar 20, 1928 that I last saw her alive on Mar 18, 1928 and that death occurred, on the date stated above, at 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Tober)

CONTRIBUTORY (SECONDARY) 101A (duration) yrs. mos. da. 7

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH: DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) Washley, M. D.

, 19 (Address) Illinois New

*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

Illinois Mar 21 1928

20. UNDERTAKER B. W. Russler ADDRESS Illinois

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.

