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

Do not use this space.

9029

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 2743

City St. Louis (No. 4221 W Cote Brilliante St. ..... Ward)

2. FULL NAME Charity V. Gordon

(a) Residence. No. 4221 W Cote Brilliant St., 11 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	1	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm C. Gordon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Mary A. Hunton

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

14. INFORMANT Mary A. Gordon
(Address) 4221 W Cote Brilliante St.

15. FILED ..... 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1929, to Feb 26, 1929, that I last saw her alive on Feb 26, 1929, and that death occurred, on the date stated above, at 3 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Peritonitis

23 (duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (SECONDARY) Toxaemia (duration) ..... yrs. ..... mos. ..... ds.

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

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-14- (Denver Co)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [signature], M. D.

3-1, 1929 (Address) 615 N. Jefferson

*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 St. Peters. Cem. DATE OF BURIAL Mar 2 1929

20. UNDERTAKER W. C. Gordon Und. Co. ADDRESS 2649 Morgan 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.

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