

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

Do not use this space.

17750

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.

251929  
 PLACE OF DEATH  
 County Franklin Co Registration District No. 289  
 Township Walden MO Primary Registration District No. 2753  
 City Walden MO (No.                     ) (Ward                     )  
 2. FULL NAME John Harvey Jordan  
 (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Liza Jordan (or) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 17  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Candon Ten  
 (STATE OR COUNTRY) Benton Co  
 10. NAME OF FATHER William W Wite?  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Candon Ten  
 (STATE OR COUNTRY) Benton Co  
 12. MAIDEN NAME OF MOTHER Susan Hawthorn?  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Candon Ten  
 (STATE OR COUNTRY) Benton Co

14. INFORMANT S. J. Jordan  
 (Address)  
 15. FILED May 8 - 1929 S. E. Mitchell  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1929  
 17. I HEREBY CERTIFY That I attended deceased from May 1 1929 to May 7 1929  
 that I last saw him alive on May 6 1929 and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Nephritis Chronic  
121  
1217 / 2090  
 (duration) yrs. mos. da.

CONTRIBUTORY Carbuncle  
 (SECONDARY)  
from History (duration) yrs. mos. da. 2

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? Physical symptoms  
57 (Signed) Drayton Castleton #. D O  
 Address Malden MO

\*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 Bernie Cem DATE OF BURIAL 5-9 1929  
 20. UNDERTAKER Bernie Undertaking Co ADDRESS Bernie MO

