

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

Do not use this space.

3849826

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kear Primary Registration District No. 1002
 City K.C. (No. County Jail)

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Edward S. Jordan
 (a) Residence. No. 7342 High Drive Rosedale Ken
 (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 Ma 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 - 10 2

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Holland

10. NAME OF FATHER John Spaarda

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Holland

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Helen Jordan
 (Address) 7342 High Drive

15. FILED 9/12/29 M.M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/9 1929

17. I HEREBY CERTIFY. That I attended deceased from Deputy coroner, 19... 19...
 that I last saw him alive on... 19... and that death occurred, on the date stated above, at... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
suicide hanging
sup with belt
165 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 168 (duration) 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? yo

WHAT TEST CONFIRMED DIAGNOSIS history, inspection
 (Signed) Shaney M. Hall, M. D.

9-13, 1929 (Address) Deputy Coroner

*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 Sharon Lee DATE OF BURIAL 9/12/29

20. UNDERTAKER Sharon Lee ADDRESS K.C.

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