

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

Do not use this space.

32659

1. PLACE OF DEATH

County Saline
Township
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 148
St. Ward)

2. FULL NAME

Bettie Lanora 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 26 1929</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<u>-</u>	<u>-</u>	<u>-</u>	<u>3</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Marshall
(STATE OR COUNTRY) MO

10. NAME OF FATHER

Len Jordan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Texas co mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Bettie Gile

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Howard co mo
(STATE OR COUNTRY)

14.

INFORMANT Len Jordan
(Address) Marshall mo

15.

FILED 10-3 19 29 Mrs. John McGuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/26 19 29
17. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1929, to Sept 26, 1929 that I last saw him alive on 9/26, 1929 and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pre-nature
159 (duration) yrs. mos. ds. 5 hrs
CONTRIBUTORY (SECONDARY) 1610
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Census
(Signed) A. J. ... M. D.
9/27, 19 29 (Address) Marshall 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

Howard co
Boonsbury Sept 27, 19 29

20. UNDERTAKER

R. R. Vandine
ADDRESS Marshall mo

K. 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.

