

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

Do not use this space.

973

1. PLACE OF DEATH

County Iron
Township Aradieu
City _____ (No. _____) St. _____ Ward _____

Registration District No. 391
Primary Registration District No. 5546a

File No. _____
Registered No. 3

2. FULL NAME Ethel Jane Gordon

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Noah Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 30 - 1902</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1925 to Jan 30 1930, 1930 that I last saw him alive on Jan 29 - 1930, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs
23A
31 (duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. H. Martin, M. D.
Jan 30 1930 (Address) Leontow, 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.

9. BIRTHPLACE (CITY OR TOWN) Leontow, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Gambler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Suss Stoller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT James Noah Gordon
(Address) Leontow, Mo.

15. FILED 1/31 1931 RA Parke
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cove. Cemetery DATE OF BURIAL Jan 31 1930

20. UNDERTAKER A. H. White ADDRESS Leontow, Mo.

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.

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