MAR 28 1930

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

Do not use this space.

5663

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Madison — Registration District No.: 638

Township: Ste Francois — Primary Registration District No.: 67-24

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Clarence Franklin 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	2	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Country.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Ed. Jordan

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mad. Co Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Ella Fuerlow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Butler Co Mo.

14. INFORMANT: Ed. Jordan
(Address): Bates. Mo.

15. Filed: 28 19 30 C. V. Dau
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8th 1930, to Feb. 8th 1930, that I last saw h. alive on Feb. 18th 1930, and that death occurred, on the date stated above, at 8 (H) m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun Shot wound accidentally Self inflicted

172 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 183

(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? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) M. B. Barker, M. D.

, 19 30 (Address)

*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: Antioch Cem. — DATE OF BURIAL: 2/9 — 19 30

20. UNDERTAKER: no undertaker — ADDRESS: .....

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Madison — Registration District No. 238 — File No.
Township St Francois — Primary Registration District No. 5724 — Registered No.
City (No. St. Ward)

2. FULL NAME Clarance Pinkney 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1916

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1917 9 14

7. AGE: 13 YEARS — MONTHS: 2 — DAYS: 24 — If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 2 15 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/8 1930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS: Gun shot wound accidentally fired into lower bowels — By him self hunting in the woods ½ mile from home
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) He was standing on a log looking for a rabbit let gun slip out of his hands
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 183
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? [illegible]
(Signed) , M. D
, 19 (Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible] PHYSICIAN [illegible] and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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