

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

Do not use this space.

7193

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 2803)

Registration District No. 791
Primary Registration District No. 1003
Ward 24

File No.....
Registered No. 2068
City..... Ward.....

2. FULL NAME

John T. Jordan
(a) Residence. No. 2803 Greokuk St. St. 24 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 - 1871

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
| | <u>58</u> | <u>7</u> | <u>17</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Carrier
(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) Memphis, Tenn

10. NAME OF FATHER John T. Jordan

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Anna Rittel

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

14. INFORMANT Augusta Jordan
(Address) 2803 Greokuk St.

15. FILED Max Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1930, to Feb. 26, 1930
that I last saw him alive on Feb. 25, 1930, and that death occurred, on the date stated above, at 10:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Liver

(duration) yrs. 1 mos. 16 da.

CONTRIBUTORY (SECONDARY) 44 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Claudio G. Gibson, M. D.
2/27, 1930 (Address) St Louis 2100

*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

Mo Crematory Mar 1 1930

20. UNDERTAKER ADDRESS

J. A. Gebken & Co 2842 Meramec

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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57

