

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

Do not use this space.

18327

**1. PLACE OF DEATH**

County Stoddard  
Township Rick  
City Advance (No. ....)

Registration District No. 834  
Primary Registration District No. 6097

File No. ....  
Registered No. IX  
St. .... Ward)

**2. FULL NAME**

Delmer 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 married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
44 10 4

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

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

10. NAME OF FATHER Don't Know

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

12. MAIDEN NAME OF MOTHER Annie Seltman

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

14. INFORMANT Albert Jordan  
(Address) Advance mo.

15. FILED 5-14-1930 C. M. Kearley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 to May 7 1930  
that I last saw him alive on May 6, 1930 and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar pneumonia

10 8 (duration) yrs. mos. ds. 7

CONTRIBUTORY (SECONDARY) 10/10  
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) C. R. Reynolds, M. D.

5-14-1930 (Address) Advance 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 (Address) Cross Cem. mo DATE OF BURIAL May 8 1930

20. UNDERTAKER Weyl J. Morgan ADDRESS Advance Mo

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.

JUN 7 8 1930

00000000