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

Do not use this space.

26730

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 3331

Township Kan Primary Registration District No. 1 0 0 7 2 Registered No. 3331

City Kansas City (No. General Hospital #2 St. ..... Ward)

2. FULL NAME Mary Gordon

(a) Residence. No. 1524 Virginia St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	4	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Simmons

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

12. MAIDEN NAME OF MOTHER Lizzie Cobb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Ernest Gordon
(Address) 1524 Virginia Ave.

15. FILED 6 11, 1930 M. M. Crowe Asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-9-1930

17. I HEREBY CERTIFY, That I attended deceased from August 9, 1930, to August, 1930 that I last saw h.e. alive on August 9, 1930 and that death occurred, on the date stated above, at 8:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
131
99.F (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? N/A

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

8/9/30 19 (Signed) J. W. ..... M. D.

(Address) Deputy Coroner

*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
Westlawn cem.	Aug. 14, 1930
20. UNDERTAKER	**ADDRESS**
Adkins Bros.	2000 E. 12

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.