

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

Do not use this space.

27019

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 395
 City 845 Euclid Ave. (No. Kansas City Mo) St. _____ Ward _____

File No. _____
 Registered No. 198

2. FULL NAME Mrs. Beatrice Van Gordon

(a) Residence No. 8045 Euclid Avenue 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Frank Van Gordon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 31, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ mb.
27 11 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
 (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) Illinois

10. NAME OF FATHER George Snell

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

12. MAIDEN NAME OF MOTHER Ruth Hammond

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

14. INFORMANT Frank Van Gordon
 (Address) 8045 Euclid, K. C. Mo

15. FILED July 19 1930 O.F. Orman REGISTRA

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1930 to Aug 10, 1930, that I last saw him alive on Aug 8, 1930, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignant Endocarditis
92A
91A

(duration) yrs. 1 mos. 9 da.

CONTRIBUTOR (SECONDARY) Valvular Heart Disease
indefinite (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
 (Signed) O.F. Orman, M. D.

8-2, 1930 (Address) Martin City 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 DATE OF BURIAL

Little Santa Fe Cemetery

20. UNDERTAKER R. V. Lindsey & Sons, Inc
 ADDRESS Aug 4 1930
K. C. 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.

