OCT 28 1930

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

85

Do not use this space.

29197

File No.

Registered No. 1049

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME A. J. Gordon

(a) Residence. No. 2020 Seneca St St Joseph Mo
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	67	8	7	

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) Inhuman

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sapton Station
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Colby Gordon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Lucy Buckley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) North Carolina

14. INFORMANT State Hospital Records
(Address) St Joseph Mo

15. FILED Oct 23 1930 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1930 to Sept 21 1930 that I last saw him alive on Sept 21, 1930, and that death occurred, on the date stated above, at 10 20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis

78B

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

CONTRIBUTORY (SECONDARY)

(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. E. Miles, M. D.

Sept 22 1930 (Address) St Joseph 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 Memorial Park

DATE OF BURIAL Sept. 23, 1930

20. UNDERTAKER Fleeman Funeral Home

ADDRESS 1946 Calhoun