

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

Do not use this space.

34140

1. PLACE OF DEATH

County..... Registration District No. 70
 Township..... Primary Registration District No. 10000
 City..... (No. 5717 Mimika Ave) St. _____ Ward _____

File No. _____
 Registered No. **9476**

2. FULL NAME Cecelia Gordon
 (a) Residence. No. 5717 Mimika St., 7 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 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 John P. Gordon
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-9-1872
7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,** _____ hrs. or _____ min.
58 5 24

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) Kansas

10. NAME OF FATHER Thomas Walsh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Margaret Durkin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs James Killmade
 (Address) 5717 Mimika

15. REGISTRAR W. A. Stock
 FILED Oct - 9 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/3/1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930, to Oct 3, 1930
 that I last saw him alive on Oct 2, 1930, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Chronic Depleting
 (duration) 1 yrs. _____ mos. _____ ds.

WHERE WAS DISEASE CONTRACTED _____
NOT AT PLACE OF DEATH _____
DATE OF OPERATION PRECEDING DEATH _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Ex. Micro E.
 (Signed) Francis J. Madden M. D.
10/3/1930 (Address) Main Club Bldg

*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 Calvary Cem. **DATE OF BURIAL** 10/6 1930

20. UNDERTAKER W. A. Stock and Co **ADDRESS** 2117 E. Grand

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.

