

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

Do not use this space.

34923

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 100

City..... (No.)

File No.

Registered No. 10322

St. Ward)

2. FULL NAME Mary Jordan

(a) Residence No. 4319 Kennedy St., 11 Ward.

(Usual place of abode) Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9th - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 1 19

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

9. BIRTHPLACE (CITY OR TOWN) Little Rock
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Henry Beasley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dale, Providence
(STATE OR COUNTRY) Louisiana

12. MAIDEN NAME OF MOTHER Roxie Williams

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

14. INFORMANT Mathe Mc Cain
(Address) 4319 Kennedy Ave.

15. FILED Oct 31 1930 Clare C. Parker REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-28-1930

17. I HEREBY CERTIFY, That I attended deceased from July 13th 1930, to Oct 27th 1930, and that I last saw her alive on Oct 27th 1930, and that death occurred, on the date stated above, at 8:30 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Breast

CONTRIBUTOR (SECONDARY) Carcinoma and Nephritis
Cirrhosis (duration) yrs. 9 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1929

WHAT TEST CONFIRMED DIAGNOSIS Biopsy
(Signed) E. E. Moore M. D.

(Address) 801 E. N. Johnson

*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 Washington Park DATE OF BURIAL Oct 31 1930

20. UNDERTAKER C. Young ADDRESS 4400 Kennedy

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.

