WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

5843

1. PLACE OF DEATH
County Jackson — Registration District No. 300 — File No.
Township Kaw — Primary Registration District No. 2008 — Registered No.
City K. C. Mo (No. Mercy Hospital St. 937 Ward)

2. FULL NAME Carol Gordon
(a) Residence. No. Sheldon St., Missouri 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. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 13 1919
7. AGE: Years 11, Months 11, Days 14, If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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): Sheldon Mo 1

PARENTS
10. NAME OF FATHER: Oscar Gordon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Clara Hace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kan 2

14. INFORMANT: Clara Gordon
(Address): Sheldon Mo

15. FILED 2/26, 1931 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/25/31 19

17. I HEREBY CERTIFY, That I attended deceased from 2/25, 1931, to 2/25, 1931 that I last saw her alive on 2/25, 1931, and that death occurred, on the date stated above, at 9 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Intestinal Obstruction (Volvus) 1771
1220 1190
(duration) 6 yrs. 13 mos. 2 ds.
CONTRIBUTORY (SECONDARY) Acute Gastric dilatation & toxemia from obstruction (duration) yrs. mos. 24 hrs. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, Clinical Physical
(Signed) Sidney Pollack M.D.
2/25, 1931 (Address) Mercy Hospital

*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: Sheldon Mo
DATE OF BURIAL: 2-26 1931
20. UNDERTAKER: Mrs. C. L. Foster
ADDRESS: K. C. Mo.