

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

Do not use this space.

23373

1. PLACE OF DEATH

County..... Registration District No. **704**
 Townshp..... Primary Registration District No. **1003**
 City St. Louis No. 3020 Lasalle St. 22 Ward) (If nonresident, give city or town and State)

File No.....
 Registered No. 6853
 St. Ward)

2. FULL NAME

Joe Gordon
 (a) Residence, No. 3020 Lasalle St. 22 Ward.
 (Usual place of abode)
 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 <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 10th 1895</u>		
7. AGE <u>36</u>	YEARS <u>5</u>	MONTHS-- <u>29</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Labourer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Miss
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>John Gordon</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
	12. MAIDEN NAME OF MOTHER <u>Phoebe William</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>

14. INFORMANT Lillie Brown
 (Address) 3020 Lasalle
 15. FILED May 23 1931 W. C. Starnes
 19. REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-19 1931
 17. I HEREBY CERTIFY That I attended deceased from MARCH 31 1931 to JUNE 18 1931
 that I last saw h. in alive on June 18 1931 and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
HEPATIC ABSCESS
125B 125B
 (duration) yrs. 2 mos. ds.
CONTRIBUTORY PLEURITIS (WITH EFFUSION)
 (SECONDARY)
(NON T.B.) (duration) yrs. 3 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? no
 WHAT TEST CONFIRMED DIAGNOSIS? Microscop
 (Signed) W. Moore M. D.
6/21/31 (Address) 1336 FRANKLIN

*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 Cem DATE OF BURIAL 6-24 1931
 20. UNDERTAKER W. S. Wade and Co ADDRESS 4202 Finney Ave

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.

