

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

Do not use this space.

**1. PLACE OF DEATH**

County Holt  
Township Benton  
City Mound City (No. .... St. .... Ward)

Registration District No. 372  
Primary Registration District No. 4218

File No. 28109  
Registered No. 725

**2. FULL NAME** Addison B. Gordon

(a) Residence, No. .... St. .... 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 mal 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1854

7. AGE YEARS 76 MONTHS 11 DAYS 13 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Missouri

13. NAME William Gordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Ann Phillip

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Math Thomas (ADDRESS) Mound City, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Mt Hope DATE Aug 31 1931

19. UNDERTAKER (ADDRESS) W. H. Crawford Mound City, Mo

20. FILED Aug 30, 1931 J. C. Farr Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1931 to Aug 29 1931

I last saw him alive on Aug 29 1931. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis

Date of onset

106 B  
106 B

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical et Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. Perry M. D.

(Address) Mound City Mo

WHITE 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.

SEP 28 1931

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