

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 - 2 1931

Dr. L. D. Denloe

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30842

271

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson

(No.)

St.

Ward)

2. FULL NAME Thomas Jefferson 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
-----------------------	----------------------------------	---

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sara Ann Gordon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-22-1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>3</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer9. 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) Cole County, Mo
(STATE OR COUNTRY)13. NAME William A. Gordon14. BIRTHPLACE (CITY OR TOWN) Va
(STATE OR COUNTRY)15. MAIDEN NAME Nancy Askins16. BIRTHPLACE (CITY OR TOWN) Cole County, Mo
(STATE OR COUNTRY)17. INFORMANT Mrs. Laura Raithel
(ADDRESS) Jefferso City, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem DATE 9/12 193119. UNDERTAKER Wymore-Gordon
(ADDRESS) Jefferson City, Missouri20. FILED 9-16- 1931 Dr. Bidford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10/31, 1922. I HEREBY CERTIFY, That I attended deceased from 8/4/31, 19, to 9/10/31, 19.I last saw him alive on 9/10/31, 19. Death is saidto have occurred on the date stated above, at 45 A.m.

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

Hypertrophied Prostate 931
Acute Cystitis 137
Myocarditis 1352

Date of onset

Other contributory causes of importance:

Age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 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? Yes

If so, specify

(Signed) Dr. Bidford, M. D.(Address) Jefferson City, Mo

