

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

Do not use this space.

1. PLACE OF DEATH

54 County Lafayette Registration District No. 465 File No. 1605
 Township Madison Primary Registration District No. 5620 B Registered No. 1
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1931, to 1-24 1932
 I last saw him alive on 1-24 1932 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-10-1866

to have occurred on the date stated above, at 12⁴⁵ am.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 14

Chronic nephritis Int. Date of onset 1929

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Long Wood Mo 1

FATHER 13. NAME Thomas Jordan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER 15. MAIDEN NAME Elizabeth Catherine

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

17. INFORMANT (ADDRESS) Mrs J. J. Spelman Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS) Waller Funeral Home Waverly Mo

20. FILED Jan 28, 1932 Geo B Williamson Registrar

Other contributory causes of importance:
Myocarditis chronic

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19

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

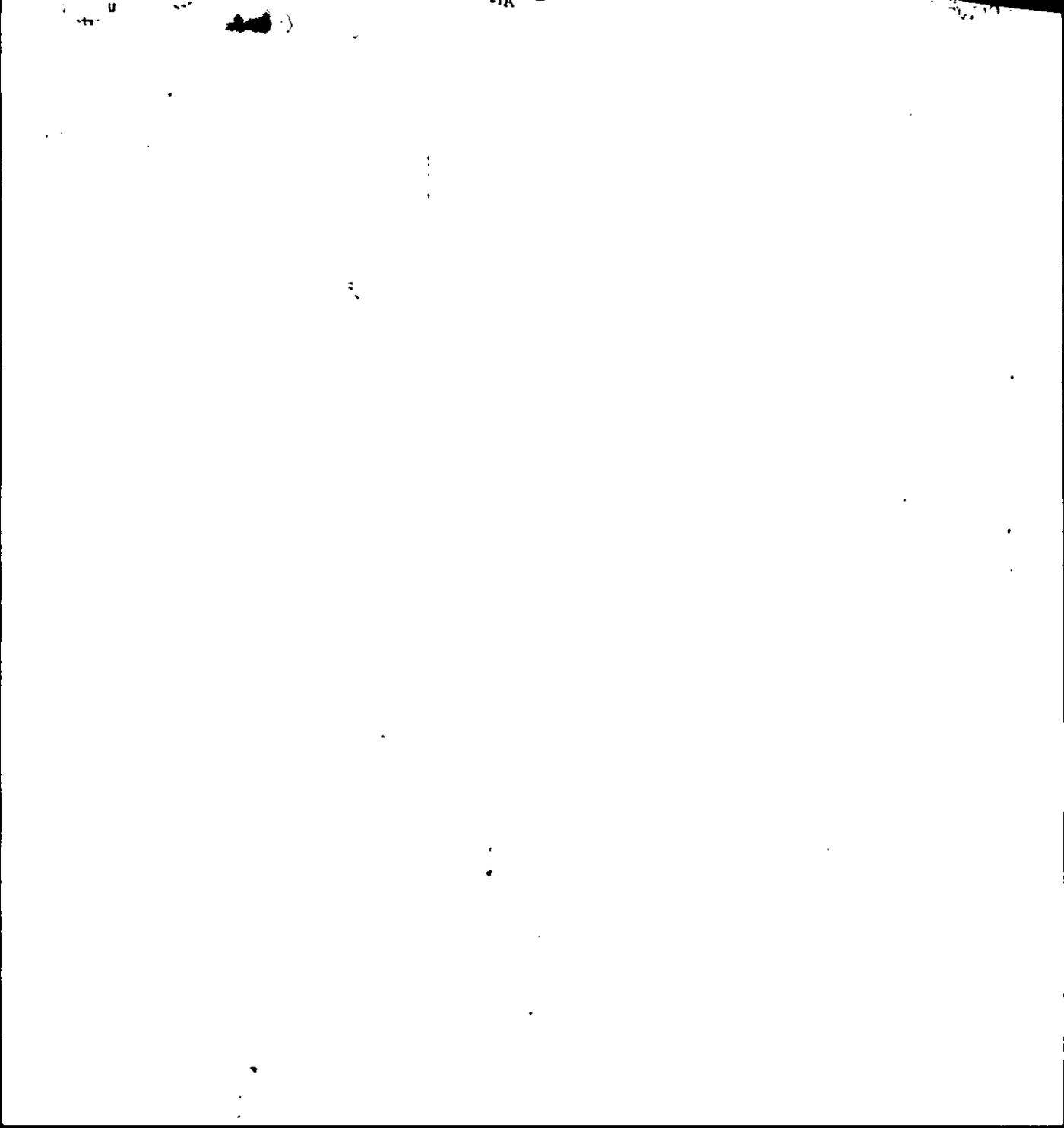
If so, specify _____

(Signed) Geo A. Kelling, M. D.

(Address) Waverly Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932



5-1605