

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

Do not use this space.

2092

**1. PLACE OF DEATH**

County Ball Registration District No. 726  
Township Lawton Primary Registration District No. 572  
City (No. Ball Co)

File No. \_\_\_\_\_  
Registered No. 18 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Ball Co St. \_\_\_\_\_ 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. (If nonresident, give city or town and State)

**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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Blanch Gordon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 24, 1874</u>				
7. AGE	YEARS <u>57</u>	MONTHS	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			
	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) <u>Ill.</u> <u>2</u>				
MOTHER	13. NAME <u>Robert Gordon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
	15. MAIDEN NAME <u>Rhoda Wilson</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>				
17. INFORMANT <u>Mr. William Gordon</u> (ADDRESS) <u>Ball Co</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Walsh</u> DATE <u>Jan 18 1932</u>				
19. UNDERTAKER <u>Jaynes &amp; Daniel</u> (ADDRESS) <u>Hannibal, Mo.</u>				
20. FILED <u>1-27</u> 19 <u>32</u> <u>D. L. Ragan</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931, to Dec. 15, 1931  
I last saw him alive on Dec., 1931. Death is said to have occurred on the date stated above, at 9:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis Date of onset about Jan. 1931  
9:50 AM  
Other contributory causes of importance:  
acute dilatation of heart  
Dec 15-32  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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 \_\_\_\_\_ (1)

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) E. P. Matley, M. D.  
(Address) Hannibal - Mo.

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.

FEB 25 1932

