

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.

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

Do not use this space.

7041

1. PLACE OF DEATH Scott
 County Butter Registration District No. 831
 Township Rickland Primary Registration District No. 6070
 City New Toledo (No. _____) St. _____ Ward _____

2. FULL NAME May Jordan
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>8</u>	<u>28</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235'

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

12. BIRTHPLACE (CITY OR TOWN) Butter Co (STATE OR COUNTRY) Mo

13. NAME George Bond

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) _____

15. MAIDEN NAME Emily Fore

16. BIRTHPLACE (CITY OR TOWN) Ills (STATE OR COUNTRY) _____

17. INFORMANT Frank Jordan (ADDRESS) Superior Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Menard DATE 2/9 1932

19. UNDERTAKER H. W. Clark (ADDRESS) Superior Mo

20. FILED 2/9/32 Walter E. Duns Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Feb 8 1932
 I last saw him alive on Feb 8 1932 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
108 108 93B
 Other contributory causes of importance: Puerperal Sepsis

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? No 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) W. Mayfield M. D.
 (Address) Superior Mo

