

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

Do not use this space.

12984

1. PLACE OF DEATH
 County Jasper Registration District No. 416
 Township Sarsenic Primary Registration District No. 4248
 City Sarsenic (No.) St. Ward (No.)
 2. FULL NAME Mary L. 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 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? 1 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 - 1929</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>0</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sarsenic, Missouri!</u>		
FATHER	13. NAME <u>Frank Gordon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
MOTHER	15. MAIDEN NAME <u>Missie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Frank Gordon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sarsenic</u> DATE <u>Apr. 17 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Missouri Road Co. Sarsenic, Mo.</u>		
20. FILED <u>Apr 16</u> 19 <u>32</u> <u>Jasper, Mo.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 1932 to Apr 16 1932
 I last saw him alive on Apr 16 1932 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Burns 3rd degree - multiple - body & face
fall in bucket of hot water
 Date of onset Apr 4/32
 Other contributory causes of importance: fall in bucket of hot water
 Name of operation none Date of no
 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? accident Date of injury Apr 11, 1932
 Where did injury occur? at home, Sarsenic, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home
 Manner of injury face in scalding water
 Nature of injury Burns - multiple

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify 5
 (Signed) Wm. L. ... M. D.
 (Address) Coroner, Jasper, Mo.

WRITE 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.

MAY 8 5 1932

