

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

Do not use this space.

15396

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township ..... Primary Registration District No. 1001  
 City St. Joseph (No. 401 Mass. Ave.)  
 Andrew L. Gordon St. .... Ward .....

2. FULL NAME Andrew L. Gordon  
 (a) Residence, No. 401 Mass Ave., St. .... Ward .....

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. 522  
 St. .... Ward .....

**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>Jemie Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 3, 1864</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>8</u>
		DAYS
		<u>24</u>
	If LESS than 1 day, ..... hrs. .... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ry. Grading</u> <u>279</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1930</u>	
	11. Total time (years) spent in this occupation <u>30</u> yrs.	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saxton Mo.</u>	
	13. NAME <u>Hardin G. Gordon</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Surray Co. North Carolina</u>	
	15. MAIDEN NAME <u>Violet Jackson</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Surray Co. No. Carolina</u>	
	17. INFORMANT <u>Mrs. Jennie Howard</u> (ADDRESS) <u>401 Mass. Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ebenezer Cem.</u> DATE <u>May 29, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Edw. D. Clark</u> <u>5025 King Hill Pk.</u>		
20. FILED <u>5-28</u> , 19 <u>32</u> <u>John R. Bende</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1932 1932

22. I HEREBY CERTIFY That I attended deceased from May 20, 1932, to May 27, 1932  
 I last saw him alive on May 27, 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Ch. 1930 Date of onset 1930  
10 A  
11 A  
23  
 Other contributory causes of importance: Antidiphtheria 18/32

Name of operation None 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 .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) A. R. Johnson M. D.  
 (Address) St. Joseph, 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.

SEP 21 1932

