

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

Do not use this space.

35373
Dr. Hagg

1. PLACE OF DEATH

9 County Greene Registration District No. 318
3 Township _____ Primary Registration District No. 2091
5 City Springfield, Mo. No. 817 Lambard

File No. _____
Registered No. 793
St. _____ Ward _____

2. FULL NAME

Clayton Jordon, Sr.
(a) Residence, No. 817 Lambard 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

3. SEX Male 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 Pauline
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 - 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
42 5 22

OCCUPATION 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) Walden City, Mo. 1

MOTHER 13. NAME Wm. M. Jordon 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Emma Marison

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

17. INFORMANT Wm. M. Jordon
(ADDRESS) 817 Lambard

18. BURIAL, CREMATION, OR REMOVAL PLACE Catharany DATE 11-19 1932

19. UNDERTAKER Olma Schmeyer, Home
(ADDRESS) Springfield, Mo.

20. FILED 11-19 1932 Ralph W. Hampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1932, to 11-17, 1932

I last saw him alive on 11-17, 1932. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Date of onset _____
928
132
Other contributory causes of importance: nephritis 920

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? _____ Date of injury _____, 1932

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) Garrett Hagg, M. D.

(Address) Springfield, 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.

SAH 8 1933

