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.

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

Do not use this space.

36138

1. PLACE OF DEATH

49 County Jasper — Registration District No. 416 — File No.

Township — Primary Registration District No. 4248 (29) — Registered No.

10 City Sarcoxie (No. ..... St. ..... Ward)

6

JAN 9 1933

2. FULL NAME Frances 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1932

7. AGE — YEARS — MONTHS — DAYS 10 — 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. —
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) Sarcoxie Mo. 1

FATHER

13. NAME Frank Gordon 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Ark. 2

MOTHER

15. MAIDEN NAME Mathena Massie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exter. Mo. 1

17. INFORMANT (ADDRESS) Frank Gordon Sarcoxie, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sarcoxie Cem. DATE 11/20 1932

19. UNDERTAKER (ADDRESS) F. A. Engelage Sarcoxie Mo.

20. FILED Nov 20, 1932 Lena Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1932, to Nov. 19, 1932

I last saw her alive on Nov. 16, 1932 Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Purpura Haemorrhagica — Date of onset 11-17

159 / 159 / 70A

Other contributory causes of importance: Premature birth

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 ....., 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) J. W. Boyd, M. D.

(Address) Sarcoxie Mo.