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.

37129

File No. .....

Registered No. 9735

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 7152, Lanham Ave. St. ..... Ward)

2. FULL NAME Sarah E. Jordan

(a) Residence, No. 7152 Lanaham Ave. St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard S. Jordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11; 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	5	20	

OCCUPATION

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

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) Callway County Mo. 1

FATHER

13. NAME David Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER

15. MAIDEN NAME Nancy Cowlney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Mary A. Shepman 7152 Lanaham Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cemetery DATE Nov. 3; 1932, 19

19. UNDERTAKER (ADDRESS) Barton Baker Americus Missouri.

20. FILED NOV -3 1932 19 Max C. Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1; 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct-4-, 1932, to Nov-1-, 1932

I last saw her alive on Oct-4-, 1932. Death is said to have occurred on the date stated above, at 7 30 p.m.

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

Mitral Insufficiency 92A 97 92A (1)

Date of onset

Other contributory causes of importance: arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? none 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) T. H. Hale, M. D.

(Address) 4903 Delmar