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.

MAR 31 1933

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

Do not use this space.

8203

1. PLACE OF DEATH
County Stoddard — Registration District No. 836 — File No. 10
Township Eck — Primary Registration District No. 6100 — Registered No. 10
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Norma Wanda Lee Jordon -
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1933.
7. AGE YEARS ✓ MONTHS ✓ DAYS 16 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) Bernie, Mo. R2.

FATHER
13. NAME Lee Jordon.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath, Mo.

MOTHER
15. MAIDEN NAME Elverda Beard.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex, Mo.

17. INFORMANT (ADDRESS) C. A. Beard Bernie Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bernie Cem DATE 2-20, 1933
19. UNDERTAKER (ADDRESS) B. M. Hopkins Bernie Mo.
20. FILED 2-19, 1933 Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-, 1933
22. I HEREBY CERTIFY, That I attended deceased from Had No Physician 19..., 19...
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	2/3/33
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Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓
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? ✓ 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. P. Brandon, M. D.
(Address) Essex Mo.