

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.

JUN 22 1933 JUN 22 1933

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

Do not use this space.

Wm. Hagg

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Mo. Primary Registration District No. 298
 City Springfield Mo., 817 E. Lombard Registered No. 16285
 St. Mo. Ward 412

2. FULL NAME Wm. M. Jordan
 (a) Residence, No. 817 E. Lombard St. Mo. Ward 412
 (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 Anna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>72</u>	<u>9</u>	<u>3</u>	

OCCUPATION

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

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) Lepp, Tenn.

MOTHER

13. NAME Benjamin Jordan

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

15. MAIDEN NAME Mattie

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

FATHER

17. INFORMANT Wm. Perry, registered
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn DATE May 22 1933

19. UNDERTAKER Olma Lahey
(ADDRESS) Springfield Mo.

20. FILED 5-22-1933 Phelps Langston
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 - 1933

22. I HEREBY CERTIFY, That I attended deceased from several years to May 19 - 1933
 I last saw him alive on May 17 - 1933 Death is said to have occurred on the date stated above, at 4:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis General
Hypertension of Prostate
Cystitis
General Senility

Other contributory causes of importance:

37
97

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? no
 If so, specify _____
 (Signed) Harrett Hagg, M. D.
 (Address) Springfield Mo.

