

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

Do not use this space.

26874

1. PLACE OF DEATH

County Lafayette
Township Odessa
City Odessa (No.)

Registration District No. 464
Primary Registration District No. 4277

File No. 15
Registered No. 99
St. Ward)

2. FULL NAME

Elizabeth Alberta Jordan St. Ward.

(a) Residence. No. (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER Johnston Robertson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Pollyanna Daugherty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Jas Jordan (Address) Odessa

15. FILED 9/11 1933 R.C. Schooley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1933

17. I HEREBY CERTIFY, That I attended deceased from 1933, to Aug 26, 1933, that I last saw him alive on Aug 26, 1933, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Pneumonia
MI
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cholelithiasis
arteriosclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

C DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? Partial
WHAT TEST CONFIRMED DIAGNOSIS? Cerebral
(Signed) W. Hartman, M. D.
, 19 (Address) Odessa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Odessa, Mo. DATE OF BURIAL Aug 28 1933

20. UNDERTAKER L. C. Hosman ADDRESS Odessa

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.

SEP 26 1933

1945

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