

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.

NOV 10 1933

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

Do not use this space.

33964

1. PLACE OF DEATH
 78 County Clinton Registration District No. 653
 4 Township High Primary Registration District No. 4390
 City High (No. _____) St. _____ Ward _____
 1/2 FULL NAME Flora Jane
 (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 25 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 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Jordan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec., 25, 1869
 7. AGE YEARS 63 MONTHS 10 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 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) Hickman, Ky
 FATHER 13. NAME Sam Fischer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Harrison, Ky
 17. INFORMANT Flora Jane Jordan
 (ADDRESS) High, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE High, Mo. DATE 10-29, 1933
 19. UNDERTAKER Ray W. Co.
 (ADDRESS) High, Mo.
 20. FILED 10-29-1933 J. M. Johnson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1933
 22. HEREBY CERTIFY, That I attended deceased from Oct 25, 1933, to Oct 28, 1933
 I last saw her alive on Oct 28, 1933. Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:
Subular Pneumonia Date of onset 10-22
131
1070
102 106
 Other contributory causes of importance:
Interstitis Nephritis 77
acute schist
 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? Yes
 If so, specify Pneumonia, Flu
 (Signed) _____, M. D.
 (Address) High, Mo.

