

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

Do not use this space.

2251

1. PLACE OF DEATH
 County Standolph Registration District No. 735
 Township..... Primary Registration District No. 3034
 City Moberly (No. St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Moses Jordan
 (a) Residence, No. 5-14 Franklin 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 Male **4. COLOR OR RACE** colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (*write the word*) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jordan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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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) Missouri

MOTHER FATHER
13. NAME James Jordan

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

15. MAIDEN NAME Mary Chatham

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

17. INFORMANT Mary Jordan
 (ADDRESS) 5-14 Franklin

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moberly DATE Feb 2 1934

19. UNDERTAKER Robert D. Carr
 (ADDRESS) Moberly

20. FILED 2/2 1934 Virginia Walker
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31 1934
22. I HEREBY CERTIFY That I attended deceased from July 19 1933 to January 31 1934
 I last saw him alive on January 29 1934 Death is said to have occurred on the date stated above, at 11:40 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart and Pseudo-carditis
92A
132A
195B
 Other contributory causes of importance: Nephritis
 Date of onset

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) M. A. Longdon, M. D.
 (Address) Moberly, Mo.

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.

FEB 27 1934

