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.

APR 25 1934

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

Do not use this space.

8916

File No. 1 1108

Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No. 344
Township KAW Primary Registration District No. 1052
City KANSAS CITY (No. 3502 - BENTON BLVD St. Ward)

2. FULL NAME RUDOLPH H JORDON

(a) Residence, No. 3502 - BENTON BLVD. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. EDNA M. JORDON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT - 4 - 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	6	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1305 - EAST - 8TH ST

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) TENNESSEE

FATHER

13. NAME FRANK JORDON

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

MOTHER

15. MAIDEN NAME SARAH SMITH

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

17. INFORMANT MRS. EDNA M. JORDON
(ADDRESS) 3502 - BENTON BLVD

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE MARCH - 10 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Mch 16 1934 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH - 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-27-34, 19..., to 3-8-34, 19...

I last saw ~~him~~ alive on 3-8-34, 19... Death is said to have occurred on the date stated above, at 12:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
arteriosclerosis	
left hemiplegia	

Other contributory causes of importance:

Name of operation ? Date of

What test confirmed diagnosis? clinical 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) [illegible] Brent, M. D.

(Address) 814 Medical Arts

814 Medical Arts Bldg.
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