

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Jackson
Township Kaw
City K. C. Mo.

Registration District No. 300
Primary Registration District No. 300
(No. 614 W. 13 St.)

File No. 13090
Registered No. 1849
St. _____ Ward _____

2. FULL NAME Robison D. Gordon

(a) Residence, No. 614 W. 13 st. St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16 1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Grocer</u>		
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) Pa.

MOTHER FATHER 13. NAME John Gordon

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Ewa Gordon
(ADDRESS) 614 W. 13 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edoral Hills DATE 4* 26- 34

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons
K. C. MO.

20. FILED Apr 25 1934 M. M. Corowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1933 to 4-25, 1934
I last saw him alive on 4/24, 1934. Death is said to have occurred on the date stated above, at 2:55AM.
The principal cause of death and related causes of importance were as follows:
Heart block & myocardial failure
95 lb
Hypertension & atherosclerosis
cardiovascular disease
Date of onset 3/1/34

Other contributory causes of importance:
hypertension & atherosclerosis
cardiovascular disease

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? My
If so, specify School Physician
(Signed) [Signature] M. D.
(Address) 1316 P. of Bldg

Prof. R. G. (2-4)