

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Missouri Primary Registration District No. 3006
City Columbia (No. University Hospital)

File No. 19476
Registered No. 148
St. _____ Ward _____

2. FULL NAME

Mrs. J. R. (Allie) Jordan

(a) Residence, No. P.H. 3 St. _____ Ward _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>2</u>	<u>3</u>	

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

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) Boone Co., Mo.

13. NAME J. H. Lowery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

15. MAIDEN NAME Mary Maxwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bo. Co. Mo.,

17. INFORMANT J. R. Jordan

(ADDRESS) P.H. 3, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE June 20 1934

19. UNDERTAKER Parker Furniture Co.

(ADDRESS) Columbia, Mo.

20. FILED 6/20/ 1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:25 P.M.

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

131
Acute Poisoning
153 P.D.
133 P.D.
1 M
Other contributory causes of importance:
Chronic Nephritis
Chronic Cholecystitis

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? _____
If so, specify _____

(Signed) Robert H. Simpson, M. D.
(Address) Columbia, 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.

JUL 20 1934

3035

JAN 16 1942