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

Do not use this space.

Dr. Love

JUL 24 1934

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No. 21204
Township Fivemile — Primary Registration District No. 3030 — Registered No. 56
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Mary Jane Gordon
(a) Residence. No. E. Marshall St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 1861
7. AGE — YEARS 73 — MONTHS 3 — DAYS 5 — If LESS than 1 day, ... hrs., or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham, Ill.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

14. INFORMANT Thos. Monroe Hardin (Address) Wyatt Mo.
15. FILED 6-21, 1934 F. S. Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 9:30 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1934
17. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to June 20, 1934 that I last saw her alive on June 20, 1934, and that death occurred, on the date stated above, at 9:30 p. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia following acute Cold (Bronchitis)
106D
108 (duration) ..... yrs. ..... mos. 6 ds.
CONTRIBUTORY (SECONDARY) Arterio-Sclerosis & Valvular or more
Heart disease (duration) 1 yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? — DATE OF 108
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Love, M. D.
6/22, 1934 (Address) Charleston, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL I.O.O.F. Cemetery — DATE OF BURIAL 6/22 1934
20. UNDERTAKER Frank Lair Funeral Service — ADDRESS Charleston 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.