

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

Do not use this space.

OCT 11 1934

791
1003

31504

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Mo. Primary Registration District No. 1003 File No. 31504
 City St. Louis Mo. (No. City Hospital #2) Registered No. 9510 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. William Jordan (If nonresident, give city or town and State)
 (Usual place of abode) 1610 - 7 - Middle 25 Ward.
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6 - 1934</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
<u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>None</u>		
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) <u>St. Louis Mo</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Messie Jordan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>		
17. INFORMANT (ADDRESS) <u>City Per Death 2945 - Lawton Rd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CITY CEMETERY</u> DATE <u>SEP 26 1934</u>		
19. UNDERTAKER (ADDRESS) <u>David J. Lussan</u>		
20. FILED <u>SEP 26 1934</u> <u>J. H. Beck</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-27-1934, to 8-31-1934, 1934
 I last saw him alive on 8-31-1934. Death is said to have occurred on the date stated above, at 11:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Congenital Debility Date of onset 8-27-34
34
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No.

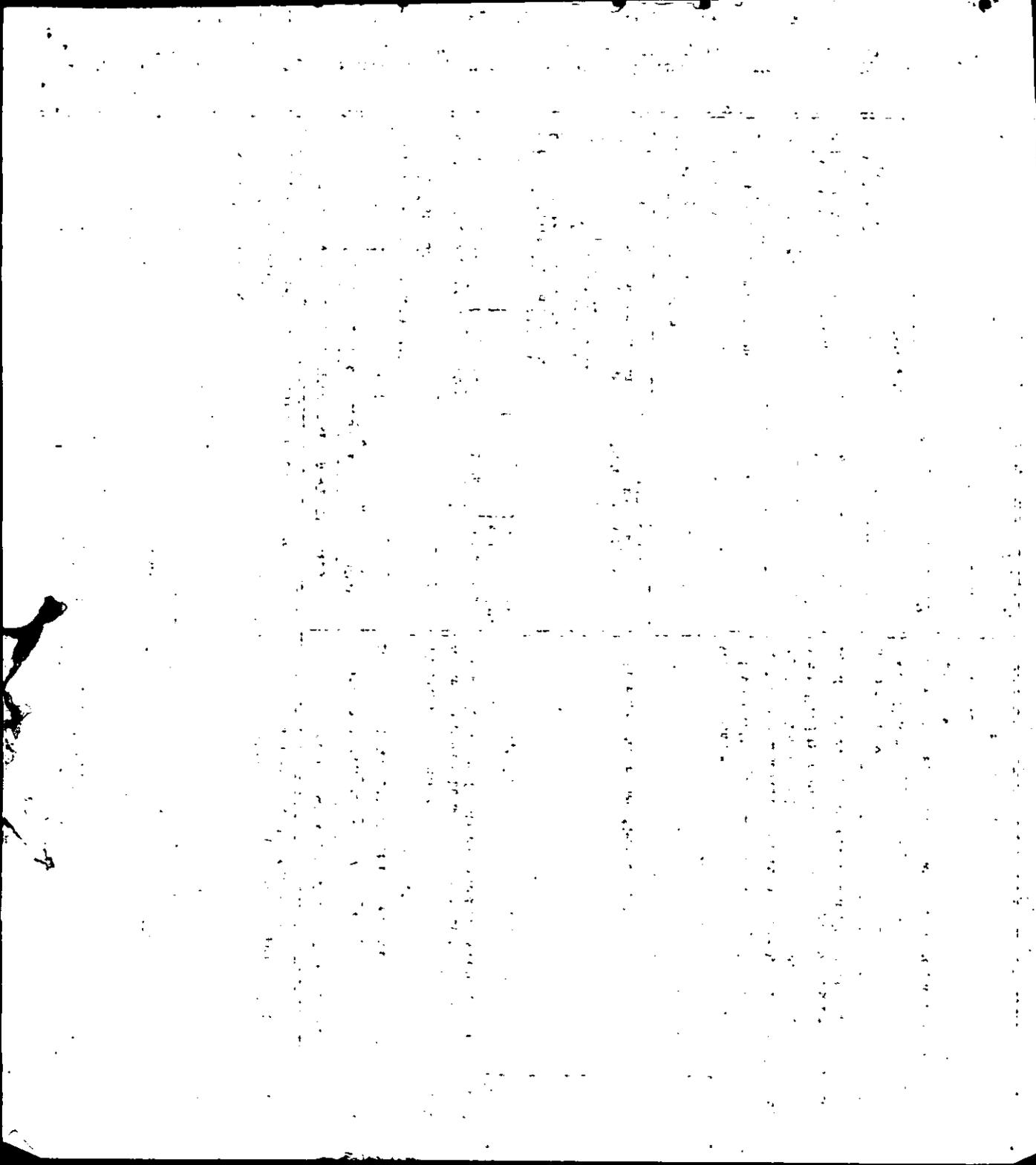
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) J. Owen Blache, M.D.
 (Address) City Hosp #2 2945 - Lawton

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.



#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

St. Louis

WASHINGTON

9510

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wm Jordan
Who died at City Hoop # 2 on Aug 31 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race B Single, married, widowed or divorced: _____
Date of birth _____ Age: Years 0 Months 0 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) Ill term child -
Birthplace of mother (State or country) _____
Principal cause of death: congenital debility congenital fever

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician J. Owen Blache - City Hoop # 2.
Address of physician _____

X Signature of Registrar X. J. Floredeck Date filed Nov 2 - 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh
State Registrar
Special Agent.

Reg. Dist. No. _____
Primary Reg. Dist. No. _____

5-31504