

OCT 18 1934

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

Do not use this space.

33552

1. PLACE OF DEATH

County Newton
Township Neesho
City..... (No.....)..... St..... Ward.....

Registration District No. 609
Primary Registration District No. 5808

File No. 91
Registered No. St. Ward.....

2. FULL NAME

Rosella Arish Gordon
(a) Residence, No..... St..... Ward..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) Indiana

13. NAME Hugh Owen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Ursula Gordon Neesho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 2007 Emory DATE 9/1/34

19. UNDERTAKER (ADDRESS) W. Harris Neesho Mo

20. FILED Sept 10 1934 Dr. E. M. Roseberry Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934, to Sept 5 1934
I last saw her alive on Sept 3 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Anemia Date of onset Sept 2 1934
131
123
170

Other contributory causes of importance:
Chronic Interstitial Nephritis (2 years)

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) Orville Sale, M. D.
(Address) Neesho 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.

1934

