

DEC 1 1934

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

Do not use this space.

1. PLACE OF DEATH

County Andrain Registration District No. 26
Township _____ Primary Registration District No. 3002
City Andrain Co Hospital _____ St. _____ Ward _____

File No. 38409

Registered No. 154

2. FULL NAME

Edward Martin Gordon

(a) Residence, No. Vandalia Mo St. _____ Ward. Vandalia mo
(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 male 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 Myrtle Mc Pike Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 8 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Sept 1 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

13. NAME A Y Gordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mod Stewart
Vandalia mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia, mo DATE 11-4- 1934

19. UNDERTAKER (ADDRESS) Clair Davies
Vandalia mo

20. FILED 11/11 1934 Blanche Keely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1934, to Nov 1 1934

I last saw him alive on Nov 1 1934. Death is said to have occurred on the date stated above, at 8:15 pm.

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

Acute coronary embolus. Date of onset
Acute cardiac dilatation

Other contributory causes of importance: g4b
g5b

Name of operation None Date of _____
What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no

If so, specify _____

(Signed) McBrasher, M. D.

(Address) Mexico, 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.

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11 - 11 1934
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64 - 8 6

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

Do not use this space.

File No. *50.p.p.*
Registered No. *154*

1. PLACE OF DEATH

County *Andrew*
Township
City *Andrew Co Hospital, Mexico Mo*

Registration District No. *26*
Primary Registration District No. *3002*

St. _____ Ward _____

2. FULL NAME *EDWARD MORTON GORDON*

(a) Residence, No. *Vandalia Mo* St. _____ Ward. *Vandalia Mo*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *4* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 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 *Myrtie Mc Pike Gordon*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 25 1870*

7. AGE YEARS *64* MONTHS *8* DAYS *6* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*
10. Date deceased last worked at this occupation (month and year) *Sept 1* 11. Total time (years) spent in this occupation. *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ralls Co Missouri*

MOTHER 13. NAME *A. G. Gordon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ralls Co Virginia*

15. MAIDEN NAME *Elizabeth O'Brien*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Mrs Myrtie Mc Pike Gordon* (ADDRESS) *Vandalia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Vandalia Mo* DATE *11-4 1934*

19. UNDERTAKER *Clark + Davies* (ADDRESS) *Vandalia Mo*

20. FILED *11/11* 19 *34* *Blanche Neely* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 1*, 19 *34*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 29*, 19 *34*, to *Nov 1*, 19 *34*. I last saw him alive on *Nov 1*, 19 *34*. Death is said to have occurred on the date stated above, at *8:15 pm*.

The principal cause of death and related causes of importance were as follows:
Acute coronary embolus
acute cardiac dilatation Date of onset _____

Other contributory causes of importance: *9/4/34*

Name of operation *none* Date of _____
What test confirmed diagnosis: *Physical findings* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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? *no*
If so, specify _____ (Signed) *H. C. Brasher*, M. D.
(Address) *Wearso Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-38409