

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

Do not use this space.

42900

JAN 18 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township New Primary Registration District No. 1002
 City Manassas City (No. 5286 Agnes) St. _____ Ward _____

File No. _____
 Registered No. 5286
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5286 Agnes St., _____ Ward _____
 (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 <u>Male</u>	4/ COLOR OR RACE <u>Colored</u>	5/ SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rabe Jordan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20-1886</u>		
7. AGE <u>48</u>	YEARS <u>4</u>	MONTHS <u>1</u>
		DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Porter</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Board of Trade</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Miss.

13. NAME
Austin Jordan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
La.

15. MAIDEN NAME
Fannie Boyd

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

17. INFORMANT (ADDRESS)
Rabe Jordan
5286 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE
Westlawn DATE
Dec 8, 1934

19. UNDERTAKER (ADDRESS)
Athas W. Hatcher
220 N. 5th St.

20. FILED 127 19 34 M M Orville Registrar.

MEDICAL CERTIFICATE OF DEATH

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 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19____, to Dec 4, 1934.
 I last saw h/ m alive on Dec 4, 1934. Death is said to have occurred on the date stated above, at 7:30 p. m.

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

Chronic Valvular Heart Disease
1925 / 1934
 Other contributory causes of importance:
Lobar Pneumonia at lower lobe.

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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? NO
 If so, specify _____

(Signed) G. B. Wallace, M. D.
 (Address) 903 Hathrop Bldg.

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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