

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

Do not use this space.

JAN 7 1935

754

1. PLACE OF DEATH

County Mont

Registration District No. 954

File No.

Township Franklin

Primary Registration District No. 5368

Registered No.

City (No.) St. Ward)

2. FULL NAME Margaret Ann Mary Etta Williams Gordon

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. J. B. Gordon

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19, 19... Death is said to have occurred on this date stated above, at 1 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 - 1872

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 2 -

Myocarditis Date of onset 1925

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

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) Sept 1934

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Mo

13. NAME Joe Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Lacy Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Mo

17. INFORMANT Noel Hulsey (ADDRESS) Franklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin Co. Mo DATE 1/3 1935

19. UNDERTAKER none (ADDRESS)

20. FILED ✓ 19... Registrar.

Other contributory causes of importance: [Signature]

Name of operation Date of
What test confirmed diagnosis? Manual Physical Was there an autopsy?

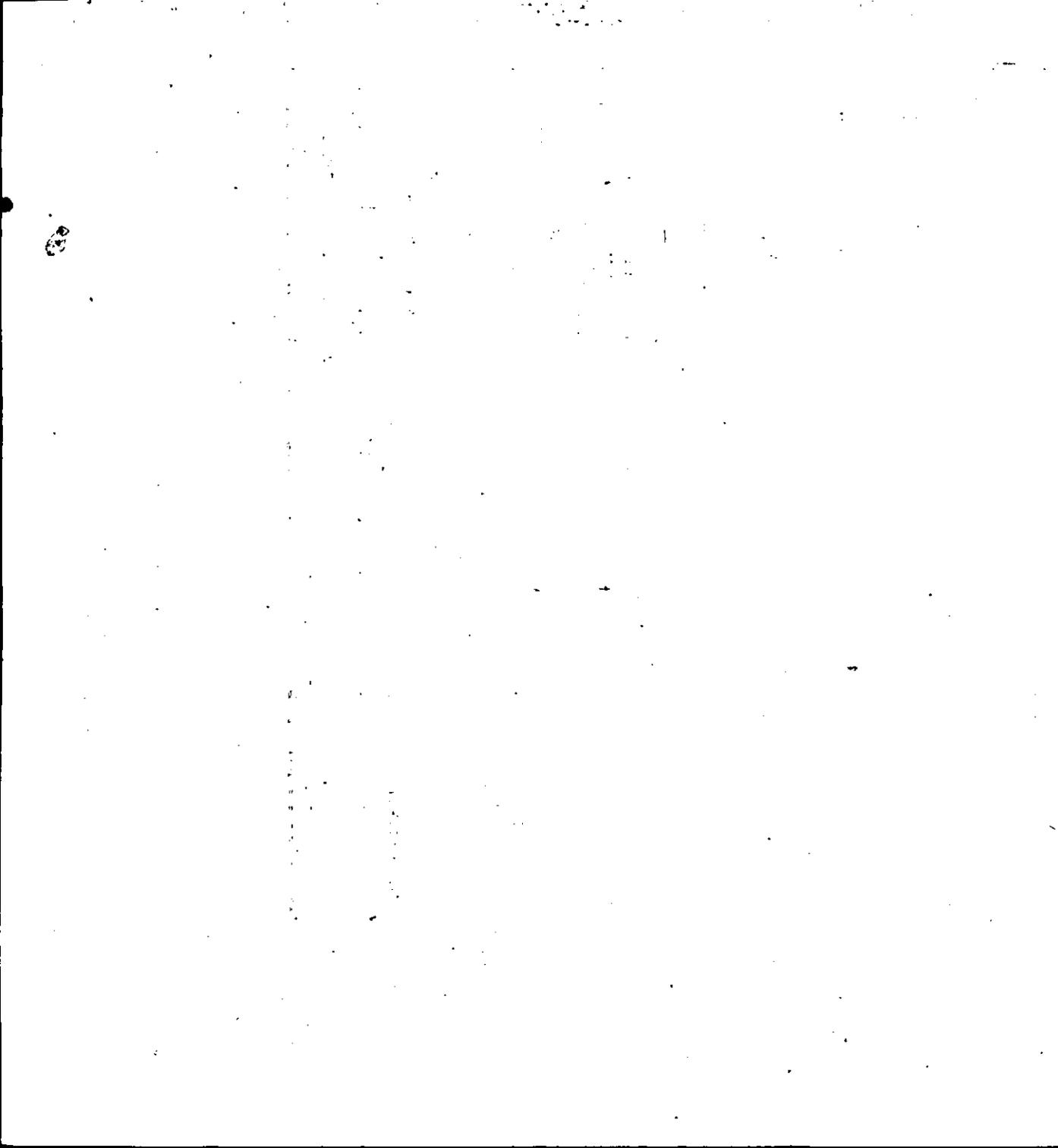
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. E. Luedd, M. D.
(Address) Saline, Mo.
Franklin Registration

Every item of information should be carefully supplied. A fee should be stated. EARLY FILING IS VERY IMPORTANT. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dunk
Township Jensen
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 954
Primary Registration District No. 5968

File No. _____
Registered No. 754

2. FULL NAME

Martha Ann Mary Etta Williams Gordon

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. L. Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 -

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

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) 9/34 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo

13. NAME Joe Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunk Iowa

15. MAIDEN NAME Lacy Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo

17. INFORMANT Neels Hensley (ADDRESS) Dunk Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunk DATE 1/3 1935

19. UNDERTAKER none (ADDRESS) _____

20. FILED 7-18- 1935 W. H. P. R. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 A m.

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

myocarditis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Diagnose 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) _____, M. D.
(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAR 29 1935

APR 1 3 1935

754