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.

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

Do not use this space.

7607

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1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2127

City St Louis (No. City Hospital No 2 ..... St. ..... Ward)

2. FULL NAME Charles Jordan

(a) Residence, No. 1208 Haldy ave St., 25 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: male

4. COLOR OR RACE: col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~single~~ Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1910.

7. AGE: YEARS 24 MONTHS 8 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Nashville Tenn

FATHER

13. NAME: Charlie Jordan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Mattie Spencer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Thomas Hicks 1208 Haldy ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Nashville Tenn DATE: 2-4- 1935

19. UNDERTAKER (ADDRESS): Dement - son 2700 Wash st

20. FILED: MAR - 4 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 55 m.

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

Date of onset

Gunshot Wound of Chest
Haemorrhage Chest & Lung
caused by bullet fired from
gun in hands of Police
Officer in the performance
of his duties in St Louis, Mo
Justifiable Homicide

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Just. Hom. Date of injury 2/25, 1935

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Shot by Police Officer

Nature of injury Gunshot Wound of Chest

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) John Rooney, M.D.

(Address) Equity Tower

3/2/35

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