

NOV 27 1935

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

Do not use this space.

34768

## 1. PLACE OF DEATH

County St. Louis Registration District No. 1123  
Township Carondelet Primary Registration District No. 6248B  
City Jefferson Barracks, Mo. Station Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 3632. FULL NAME Donald Thomas Gordon

(a) Residence, No. 9983 S. Broadway, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) St. Louis County, Mo. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1935.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
-- 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----  
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) Jefferson Barracks,  
(STATE OR COUNTRY) Missouri13. NAME Donald Francis Gordon14. BIRTHPLACE (CITY OR TOWN) Cambridge,  
(STATE OR COUNTRY) Ohio15. MAIDEN NAME Clara Helen Sulze.16. BIRTHPLACE (CITY OR TOWN) St. Louis,  
(STATE OR COUNTRY) Missouri17. INFORMANT Donald Francis Gordon  
(ADDRESS) 9983 S. Broadway, St. Louis, Co. Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Natural Burial DATE Oct 23 193519. UNDERTAKER P. Hoffmeyer U.S.P.  
(ADDRESS) 7814 S. Broadway20. FILED Oct 23 1935 St. Mowery  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 193522. I HEREBY CERTIFY, That I attended deceased from October 15, 1935 to October 22, 1935, 1935I last saw him alive on October 22, 1935 1935. Death is said to have occurred on the date stated above, at 5:15 P.

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

Pneumonia, broncho, all lobes, both lungs.

Date of onset

10/21/35

Other contributory causes of importance:

NoneName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

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 \_\_\_\_\_

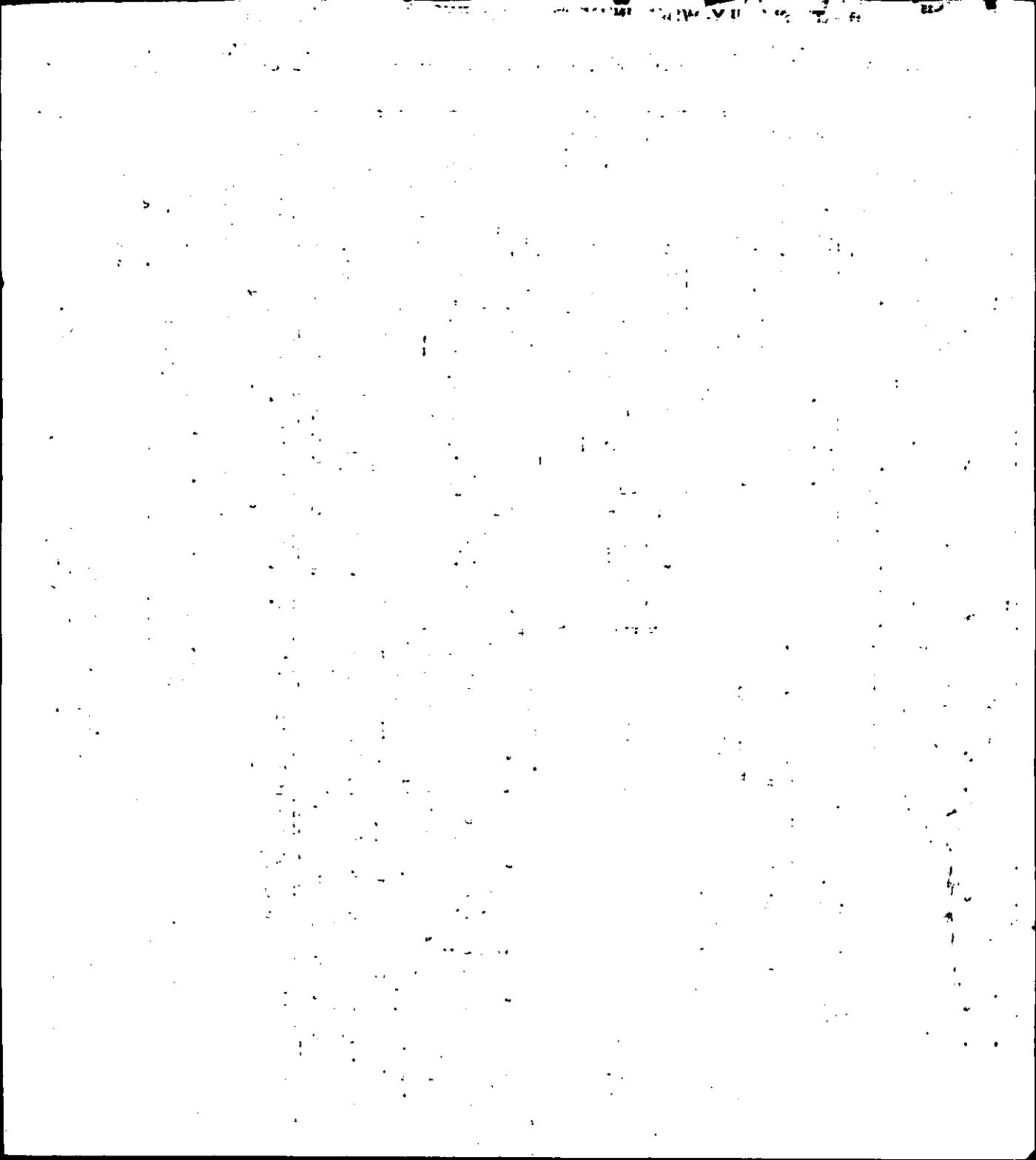
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) P. A. Brickey, Captain M.C., M. D.(Address) Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.



WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.  
Do not use this space

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
Township Carondolet Primary Registration District No. 6248 19  
City Jeff Barracks Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 363

**2. FULL NAME**

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S.</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_

19. UNDERTAKER (ADDRESS)

20. FILED Oct 23 1935 G. Mourry Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 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 \_\_\_\_\_ m.

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

Pneumonia. Bronchitis  
all lobes. Both lungs  
**ART**  
Other contributory causes of importance:  
no other complications

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) P. A. Brickley, M. D.

(Address) Capt. Me. Jeff Barracks 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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