

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.

FEB 19 1936

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

Do not use this space.

1804

1. PLACE OF DEATH

County Wesley
Township Mineral
City W.C. Capital

Registration District No. H13
Primary Registration District No. 5559E

File No.
Registered No. H St. Ward)

2. FULL NAME

(a) Residence, No. McClendon Park St. Doplin Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Norou R. Jordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5 14

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

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

13. NAME Zeta Key

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

15. MAIDEN NAME Emma Lang

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION OR REMOVAL PLACE Grand Mausoleum DATE 1/27/36

19. UNDERTAKER (ADDRESS) Wesley Funeral Home

20. FILED 1/29/36 Hanya A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935, to Jan 24, 1936

I last saw her alive on Jan 24, 1936. Death is said

to have occurred on the date stated above, at 12:15 p.m.

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

Pulmonary Tuberculosis
Tubercular Meningitis
Tubercular Cerebro-Spinal

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Roentgen Was there an autopsy? N.A.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) Jesse J. Daughless, M. D.

(Address) Doplin City

