MAR 16 1936

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

Do not use this space.

85

4711

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 1001 — File No.: 255
Township: — Primary Registration District No.: — Registered No.:
City: St Joseph (No. 2806½ St Joseph Ave. St. Ward)

2. FULL NAME: Harriet E. Gordon

(a) Residence, No. 2806½ St Jos. Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James N. Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 10 1850

7. AGE — YEARS: 86 — MONTHS: 0 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Springfield Virginia

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Elizabeth Barton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs Ruth E. Ramsey St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moria Cem DATE: 2/24 1936

19. UNDERTAKER (ADDRESS): Stauffer Fun. Home St Joseph

20. FILED FEB 24 1936 19 — John R. Reuter, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1936, to Feb. 22, 1936. I last saw her alive on Feb. 19, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Fracture of r. hip — Date of onset 1/3/36

Other contributory causes of importance:
Acute - subdeltoid - bursitis
Cerebral hemorrhage — 2/18/36

Name of operation: Reduction & fixation pin — Date of: 1/7/36
What test confirmed diagnosis? X-Ray — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 1/3, 1936
Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury: Fell on floor
Nature of injury: Fracture of hip

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

(Signed) G. T. Bloomer, M. D.
(Address) 1218 N. 3d St.

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.