

APR 24 1936

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

Do not use this space.

12202

1. PLACE OF DEATH

County St. Francis Registration District No. 775 File No. _____
Township Perry Primary Registration District No. 6020-A Registered No. 19
City Bonne Terre (No. _____) St. _____ Ward _____

2. FULL NAME

Susie M. Gordis
(a) Name No. Bonne Terre St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER James L. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Mary Jane Chalfant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT A. V. Gordis
(Address) Bonne Terre, Mo.

15. FILE 322, 1936 R. W. Hawkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1936

17. I HEREBY CERTIFY, That I attended deceased from October, 1935, to March 22, 1936, that I last saw him alive on March 22, 1936, and that death occurred, on the date stated above, at 12:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-vascular renal disease

(duration) 10 yrs. 10 mos. 1 ds.
CONTRIBUTORY Myocardial degeneration
(SECONDARY)
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) David E. Smith, M. D.

March 22, 1936 (Address) Bonne Terre, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Fellows cemetery DATE OF BURIAL March 24 1936
Charleston, Mo.

20. UNDERTAKER Frank Lair Funeral Service ADDRESS Charleston, 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.

