

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.

APR 24 1936

12214

1. PLACE OF DEATH

County St Genevieve Registration District No. 783
Township Saline Primary Registration District No. 6029
City Farmington No. _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Alexander Gordon
(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Gordon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1866
7. AGE YEARS 75 MONTHS — DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. Farmer
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) near Coffman Mo.FATHER 13. NAME Joel Gordon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PennMOTHER 15. MAIDEN NAME Sarah Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Martha Gordon
(ADDRESS) Farmington Mo18. BURIAL, CREATION, OR REMOVAL PLACE Will Cemetery DATE 3-10-3619. UNDERTAKER Caldwell Bros
(ADDRESS) Flat River Mo20. FILED 3/12/36 1936 Miss H. N. Vaughn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to March 8, 1936
I last saw him alive on March 7, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

General Paralysis from Intra Cranial Hemorrhage Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 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? NoIf so, specify _____
(Signed) P. Appleberry, M. D.(Address) Farmington, Mo.

