

Dr. cHaney

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JUN 17 1936

18962

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No.)Registration District No. 213
Primary Registration District No. 3014File No.
Registered No. 159
St. Ward)2. FULL NAME Oliver L. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou Pettice Gordon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-3-18887. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 3 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer9. 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) Jefferson City, Mo.13. NAME Mack Gordon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.15. MAIDEN NAME Margaret Hestand16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.17. INFORMANT Mrs. Oliver L. Gordon
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE May-27-193619. UNDERTAKER Frank G. Gordon
(ADDRESS) Jefferson City, Mo.20. FILED 5/27/36 Registrar

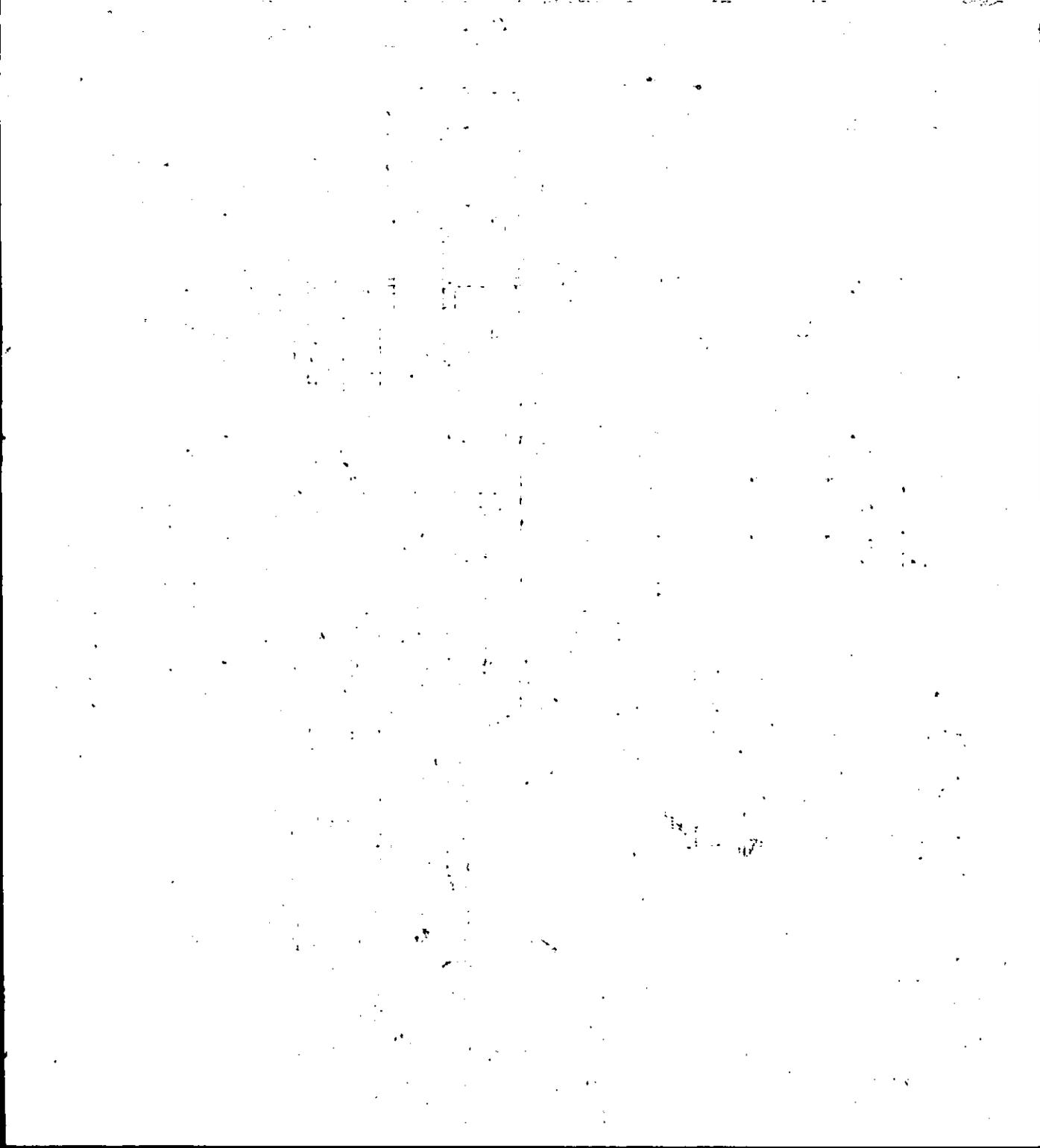
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 193622. I HEREBY CERTIFY, That I attended deceased from May 4, 1936 to May 26, 1936
I last saw him alive on May 26, 1936 Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:Hypertension
Nephritis
myocardial failure
Date of onset 1930

Other contributory causes of importance:

Name of operation no 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) J. W. McHenry M. D.
(Address) Jefferson City, 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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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cole

Registration District No. 213

Township Jefferson

Primary Registration District No. 3014

City Jefferson (No.)

File No.

Registered No. 157

St. Ward)

2. FULL NAME

Oliver R. 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) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 3 22

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) (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 5/22/1936 On Bradford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw him/her 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:

Nephritis - Acute
Infected
130

Other contributory causes of importance:

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) John W. McHenry, M. D.
(Address) Jefferson City, Mo

SUPPLEMENTARY

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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ORIGINAL SOURCE