

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

Do not use this space.

**JUL 25 1936**

23877

**1. PLACE OF DEATH**

County Pike  
 Township Calumet  
 City Louisiana Mo.

Registration District No. 689  
 Primary Registration District No. 3033  
 No. 1211 Georgia

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Francis Jordan

(a) Residence, No. 1211 Georgia St. 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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Jordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 - 8 - 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gracerman  
 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) Buffalo Mo Pike

13. NAME James C. Jordan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Mo Pike

15. MAIDEN NAME Lallie Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethunia Mo

17. INFORMANT (ADDRESS) Margaret Ethel Jordan  
1211 Georgia St. La.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo DATE 6-9 36

19. UNDERTAKER (ADDRESS) A. Brown  
Clarksville Mo

20. FILED 7 19 36 J. Haley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar - 1936 to June 7, 1936  
 I last saw him alive on June 6, 1937 Death is said to have occurred on the date stated above, at 8 A. m.

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

Cerebral hemorrhage Date of onset Feb. 24

Other contributory causes of importance: General arteriosclerosis History 2 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_

(Signed) E. M. Bartlett, M. D.  
 (Address) Clarksville 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.

