

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

Do not use this space.

AUG 24 1936

26670

1. PLACE OF DEATH

County... Jackson Registration District No.
 Township... Kew Primary Registration District No.
 City... Kansas City (No. 3016 Brooklyn St. Ward)

File No.
 Registered No. 3341
 St. Ward)

2. FULL NAME Mrs. Mary Gordon

(a) Residence, No. 3016 Brooklyn St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28th 1876
 7. AGE YEARS 60 MONTHS 4 DAYS 18 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Missouri

MOTHER / FATHER 13. NAME Jeager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Ray Gordon (ADDRESS) 3016 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 7/18/36 19.

19. UNDERTAKER W. P. Mayberry (ADDRESS) City

20. FILED 7/17 1936 M. M. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936 to July 16, 1936
 I last saw him/her alive on July 15, 1936 Death is said to have occurred on the date stated above, at 1:10 AM

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

Uremic Coma
Interst. Nephritis Ch
1/21
 Other contributory causes of importance:
Chronic Bronchitis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Theresa Costello M. D.
 (Address) 3103 W. 11th St. Bldg

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.

Richardson
Va 6400 2nd