

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

Do not use this space.

OCT 20 1936

33639

1. PLACE OF DEATH

County Boone Registration District No. 73  
Township \_\_\_\_\_ Primary Registration District No. 3006  
City Columbia (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 253

2. FULL NAME ora Jordan

(a) Residence, No. 206 So 2 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19-1891

7. AGE YEARS 45 MONTHS 10 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hra. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housekeeper

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) Callaway Co (STATE OR COUNTRY) mo

13. NAME Bob Bailey

14. BIRTHPLACE (CITY OR TOWN) Callaway Co (STATE OR COUNTRY) mo

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT A. Adair J. Lewis (ADDRESS) 209 N. Second St

18. BURIAL, CREMATION, OR REMOVAL Columbia mo PLACE Loganville DATE Sept. 23 1936

19. UNDERTAKER H. T. Freeman (ADDRESS) Columbia mo

20. FILED 9/23/1936 Albee Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1936, to Sept 20, 1936

I last saw him live on Sept 17, 1936 Death is said to have occurred on the date stated above, at 9:15 a. m.

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

Cerebral Hemorrhage  
Paralysis

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) O. D. Moore, M. D.  
(Address) Columbia 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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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