OCT 5 1936

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

Do not use this space.

35520

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6722, Clayton Ave. St. 9092 Ward)

File No. .....

Registered No. .....

2. FULL NAME Cora Edwards Gordan

(a) Residence, No. 6722 Clayton Ave. St., 4 Ward. (If nonresident; give city or town and State)
(Usual place of abode)

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: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George D. Gordan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 20, 1888

7. AGE: 48 YEARS, 6 MONTHS, 11 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At 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): Troy. Illinois.

FATHER

13. NAME: W. W. Edwards.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pinkney-ville. Illinois.

MOTHER

15. MAIDEN NAME: Cora Malone.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steeleville. Illinois.

17. INFORMANT (ADDRESS): Mrs. C. L. G. Sager. 6722 Clayton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield, Ill. DATE Sept 3rd 1936

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons 4449 Olive, St. Louis, Mo.

20. FILED SEP 1 1936, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Sept 1st, 1936

I last saw her alive on 8-31, 1936. Death is said to have occurred on the date stated above, at 2 a m.

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

General Metastasis.
Carcinoma left breast

Date of onset

Other contributory causes of importance:

50

Name of operation: Left breast removal Date of Feb 1932

What test confirmed diagnosis? Usual 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) W. J. Gallagher, M. D.

(Address) Mo. Theatre Bldg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. NO. 2 20M-2-19-36 I X7294

Dr. W. J. Gallagher.
Mo. Theat. Bldg.
FR 2275
1-3 P.M.
Res. 1214 Greenway
Pa 2604