

DEC 18 1936

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

Do not use this space.

40706

## 1. PLACE OF DEATH

County Clay  
Township Fishing River  
City Excelsior Springs, Mo.

Registration District No. 198  
Primary Registration District No. 3a.11  
V.A. Facility

File No. \_\_\_\_\_  
Registered No. 3d  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME JORDAN, Albert P.

(a) Residence, No. Vets. Adm. Facility St. \_\_\_\_\_ Ward. Excelsior Springs, Mo.  
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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) Divorced

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.  
45 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Unemployed)  
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) Bussey  
(STATE OR COUNTRY) Iowa

FATHER 13. NAME Frank Jordan

14. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Letha York

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

17. INFORMANT Records-V.A. Facility  
(ADDRESS) Excelsior Springs, Mo.

18. SURVIVAL INFORMATION FOR REMOVAL

PLACE Newton, Iowa DATE 11-7, 1936

19. UNDERTAKER John C. Prather  
(ADDRESS) Excelsior Springs, Mo.

20. FILED 11-6-36 Wm. R. McEwen  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1936, to Nov. 6, 1936

I last saw him alive on Nov. 6, 1936. Death is said

to have occurred on the date stated above, at 4:02 PM

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

Psychosis-intoxication, acute,  
alcoholic with cerebral edema

Date of onset

Other contributory causes of importance:

Vicious circle after  
gastroenterostomy in 1923

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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.

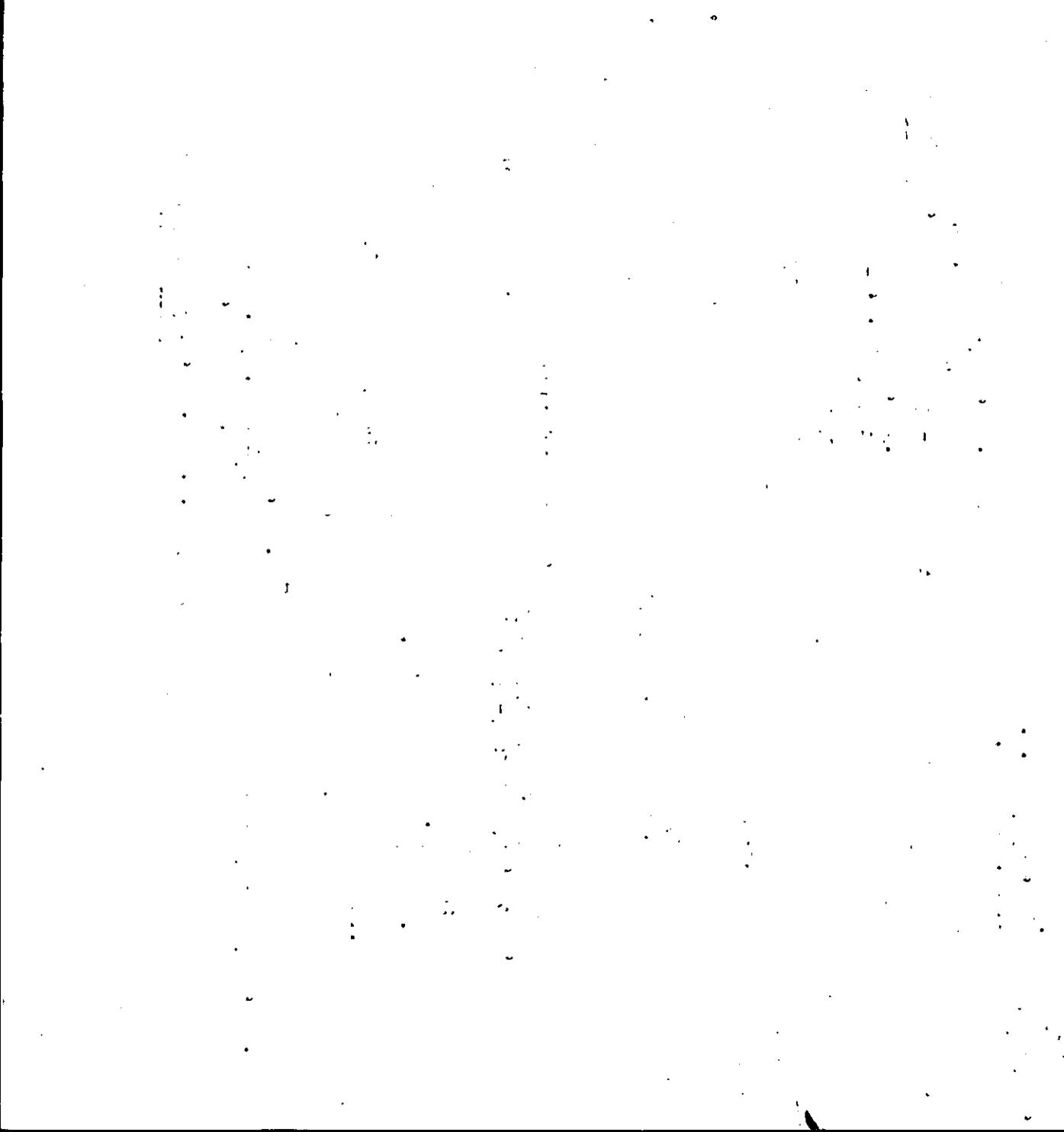
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_

(Signed) Robert C. Cook, M. D.

(Address) DR. ROBERT C. COOK

V.A. Facility, Excelsior Springs,  
Mo.



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

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**1. PLACE OF DEATH**

County Clay

Registration District No. 198

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3011

Registered No. \_\_\_\_\_

City Speelman Spgs (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jordan, Albert P.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Div

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 . 1936

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

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

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 9 4

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

OCCUPATION 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 \_\_\_\_\_

Psychosis, intoxication, acute alcoholic with cerebral edema  
Date of onset \_\_\_\_\_

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

Other contributory causes of importance:  
Dejous Circle after gastro-enterostomy in 1923 for Duodenal Ulcer

FATHER 13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Nov 6 1936 Sorena M. Crocker Registrar

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Robert C. Cook, M. D.  
(Address) V.A. Facility, Speelman Spgs

SPECIAL EXAMINER

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

S-40706