FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Vernon — Registration District No.: 875 — File No.: 4719
Township: Washington — Primary Registration District No.: 6162 — Registered No.: 16
City: ..... (No. ..... 14 ..... St. ..... Ward)

2. FULL NAME: James W. Jordan
(a) Residence, No. State Hwy 11, #2 St., ... 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. 12 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: Alice (Cannon) Jordan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10, 1865
7. AGE: YEARS 72 — MONTHS — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: chronic invalid
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): Mo.

FATHER
13. NAME: Wm Jordan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Rebecca Canole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs J. W. Jordan, Windsor, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Windsor Mo DATE: 1-17, 1937
19. UNDERTAKER (ADDRESS): Huston Turner, Windsor Mo
20. FILED: 1-17, 1937 M. Eichinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 17, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937, to Jan. 17, 1937
I last saw him alive on ....., 1937. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with chronic myocarditis	?

Other contributory causes of importance:
maniacal exhaustion-dehydration, 10 days

Name of operation: none — Date of: —
What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external cause (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) J. T. Cittell, M. D.
(Address) Nevada

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.

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