

APR 8 1937

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

Do not use this space.

9675

1. PLACE OF DEATH

County Jackson
Township New
City Jackson City (No. 2873, Ohio)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maggie Maria Gordon
(a) Residence, No. 02823 Ohio St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1937

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. J. Gordon
unknown

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1937 to Mar 22 1937

I last saw h. er alive on March 22 1937 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 82 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

Chronic Nephritis. Date of onset 3 yrs.

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

131
Other contributory causes of importance: Pulmonary Edema
Arterio Sclerosis 1 day 1 yhr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambelsburg Pa
Pa.

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

FATHER 13. NAME Lyle Eason
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

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. _____

MOTHER 15. MAIDEN NAME Sara Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

Manner of injury _____ Nature of injury _____

17. INFORMANT (ADDRESS) A.C. Ferguson
Wagoner, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wagoner, Mo DATE Mar 22 1937

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) John L. Lank M. D.
(Address) 1314 Professional Bldg

19. UNDERTAKER (ADDRESS) Coching
Wagoner, Mo
20. FILED Mar 24 1937 M.M. Crown
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

