

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.

APR 16 1937

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

Do not use this space.

11614

File No. 76
Registered No. _____
St. 3d Ward _____

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo.

Registration District No. 198
Primary Registration District No. 3011

2. FULL NAME JORDAN, Albert E.

Veterans Administration Facility
(a) Residence, No. Excelsior Springs, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nettie Jordan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1880</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>9</u>	DAYS <u>22</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>
	11. Total time (years) spent in this occupation <u>Unknown</u>

12. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

13. NAME Henry Jordan

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

15. MAIDEN NAME Melissa (maiden name unknown)

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

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL National Cemetery Ft. Leavenworth, Ks
PLACE DATE 4-4-37

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

20. FILED April 3, 1937 Lorena McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1937, 19____, to March 31, 1937, 19____

I last saw him alive on March 31, 1937, 19____. Death is said to have occurred on the date stated above, at 7:00 m. A.M.

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

Aortic aneurism

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 Alcoholism
(Signed) H. C. HAYDEGREE, MD. Clinical Director
(Address) Veterans Administration Facility
Excelsior Springs, Missouri

