

APR 20 1937

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

Do not use this space.

12251

1. PLACE OF DEATH

County Jasper 47Registration District No. 411File No. 12251

Township

Primary Registration District No. 2002

Registered No.

City Joplin(No. 2504, Empire)

St. _____ Ward)

2. FULL NAME Elizabeth Emilie Jordan(a) Residence, No. 2504 Empire st. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert N. Jordan6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-24-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>10</u>	<u>24</u>	

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.	<u>At home</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Spickland
(STATE OR COUNTRY) Indiana13. NAME John Hodson14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown15. MAIDEN NAME Mary Baldwin16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Helen De Vaney
(ADDRESS) Joplin Mo.18. BURIAL, CREMATION OR REMOVAL PLACE Purcell, Mo. DATE Mich 22 193719. UNDERTAKER W. M. Mortuary
(ADDRESS) Carthage, Mo.20. FILED 3-22-37 Ed D. Jasso
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mich. 20 - 193722. I HEREBY CERTIFY, That I attended deceased from March 8 - 1937 to March 20 - 1937I last saw her alive on March 20 - 1937. Death is said to have occurred on the date stated above, at 5:06 P.M.

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

Chronic Valvular heart trouble

Date of onset

Other contributory causes of importance:

Name of operation none 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? _____ 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? None
If so, specify _____(Signed) A. St. Winchester, M. D.
(Address) Joplin, Mo.

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

MARGIN RESERVED FOR BINDING

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.

100M-1-20-36 X704

