

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

Do not use this space.

JUN 12 1937

18084

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3679 Cook Ave.) (No. **1003**)
St. Ward)

File No.
Registered No. **4660**
St. Ward)

2. FULL NAME Edward Jordan

(a) Residence, No. 3679 Cook Ave. St. 11 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Jordan

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1937 to May 6, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1868

I last saw him alive on April 28, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 26

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

Heart Disease, Hypertension & arteriosclerosis Date of onset 1925

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
Coronary Occlusion 2 hrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

Name of operation..... Date of.....

13. NAME William Jordan

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Mary Edwards

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT William Jordan (ADDRESS) 322 S. Finley Rd. Lambert, Ills

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette, Ind. DATE May 7, 1937

Nature of injury.....

19. UNDERTAKER Arthur J. Donnelly Undt. Co. (ADDRESS) 3840 Lindell Blvd.

24. Was disease or injury in any way related to occupation of deceased? No Also, specify.....

20. FILED MAY 6 1937 Registrar.

(Signed) Leo F. Gollig, M. D. (Address) 607 N. Grand St. Louis, Mo.

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

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