

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937**
 County.....
 Township.....
 City **Saint Louis, Mo.** (No., St. Ward) **18773**
 Isolation Hospital **791**
 Registration District No. **1008**
 Primary Registration District No.
 File No.
 Registered No. **5349**

2. FULL NAME **Edith Gordon**
 (a) Residence, No. **2731 Clark** St., **22** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **Life** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
 4. COLOR OR RACE **Colored**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 21, 1914**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
21	22	6	3	

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.
 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) **Missouri**

13. NAME **William Gordon**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

15. MAIDEN NAME **Sadie Busch**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **M. G. Barry**
 (ADDRESS) **5600 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Greenwood Cem** DATE **May 30**, 19**37**

19. UNDERTAKER **A. Russell Undertaking Co.**
 (ADDRESS) **2732 Pine Street**

20. **MAY 28 1937** **J. Foredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 24, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 8**, 19**36** to **May 24**, 19**37**

I last saw her alive on **May 24**, 19**37**. Death is said to have occurred on the date stated above, at **2 P.M.**

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

CHRONIC PULMONARY TUBERCULOSIS
TUBERCULOSIS OF INTESTINES
 Date of onset

Other contributory causes of importance: **23**

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?..... 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.....
 (Signed) **W. H. Barry**, M. D.
 (Address) **5600 Arsenal**

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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