

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 333
Township St. Ferdinand Ferguson Town. Registration District No. 4468
City Ferguson (No. 0) St. 7 (Ward)

File No. 24794
Registered No. 116

2. FULL NAME Anna Jordan

(a) Residence, No. 2099 acres. St. 7 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30th 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 3 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

13. NAME John Redinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Marie A. Jordan

(ADDRESS) 102 Tenth

18. BURIAL, CREMATION, OR REMOVAL PLACE Bechan Cem. DATE 6/14/37

19. UNDERTAKER Central Mort. Co.

(ADDRESS) 1847 Cass

20. FILED 6-11 1937 W. A. Zeitler

Registrar

Per E. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Automobile accident
Struck by automobile while
a pedestrian on a
public highway
(Verdict open)
Other contributory causes of importance:
Multiple fractures

Date of onset

6/8/37

Name of operation none Date of no
What test confirmed diagnosis? Physician's report Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 6/8 1937

Where did injury occur? Ferguson, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto
Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John J. Donnell M. D.
(Address) Ferguson, St. Louis County

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

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.

