

AUG 24 1937

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

Do not use this space.

27392

1. PLACE OF DEATH

County

Iron

Registration District No.

1034

Township

Liberty

Primary Registration District No.

5547

City

(No.)

Mary Lou Jordan

File No.

2

Registered No.

4

St.

Ward)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

(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

3. SEX

Female

4. COLOR OR RACE

white

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)

1936

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

1

6

?

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Iron Co., Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

Leslie Jordan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Iron Co., Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Doris Hughes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Iron Co., Missouri

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

L. Jordan
Sabula, Mo

15.

FILED

July 17, 1937 Mrs Julia Cayatt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 17 1937

17.

I HEREBY CERTIFY, That I attended deceased from

June 17 1937 to July 17 1937
the I last saw him alive on July 14 1937, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteritis

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

J. C. Hanson

M. D.

7/17 1937 (Address)

Leaton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Cowles Cemetery

DATE OF BURIAL

7/18 1937

20. UNDERTAKER

Neighbors

ADDRESS

Sabula, Mo

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.

