

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County H. Hancock
Township Iron
City _____ (No. _____) St. _____ Ward _____

Registration District No. 771Primary Registration District No. 6017File No. 35162

Registered No. _____

2. FULL NAME

Mrs Emma M. Gordon

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oliver H. Gordon</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28-1866</u> | | |
| 7. AGE | YEARS | MONTHS |
| <u>68</u> | <u>71</u> | <u>1</u> |
| | | DAYS |
| | | <u>3</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</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) (STATE OR COUNTRY) <u>Pilot Knob Mo.</u> | | |
| MOTHER | 13. NAME <u>J. Funk</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>Malieba Funk</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT <u>Edith Gordon</u> (ADDRESS) <u>Bismarck Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Sept 5-37 Cremated Waltham St. Mo</u> | | |
| 19. UNDERTAKER <u>Edalworth Bros.</u> (ADDRESS) <u>Clowna Mo</u> | | |
| 20. FILED <u>Sept 1st 1937</u> <u>F. H. Gale MD</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st, 193722. I HEREBY CERTIFY, That I attended deceased from Mch-19-1934 to Sept-1-1937I last saw her alive on Aug 20, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Apoplexy.

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? no

If so, specify _____

(Signed) F. H. Gale, M. D.(Address) Bismarck Mo.

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.

