

NOV 28 1937

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

Do not use this space.

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.

45

1. PLACE OF DEATH
 County Howard Registration District No. 875
 Township Richmond Primary Registration District No. 5526
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME Verdell 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

37787

File No. _____
Registered No. 66

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>22</u>	<u>22</u>	<u>9</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3, 1937

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
Accidental Death Automobile Accident
Wreck.

Date of onset _____

Other contributory causes of importance:
2100W

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? Accident Date of injury 11-3, 1937
 Where did injury occur? Highway House Co
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. public place near Fayette
 Manner of injury crushed skull
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. R. Hawker M. D.
 (Address) see you two Corcoran

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cretzlia Mo

FATHER
 13. NAME R. M. Gordon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Mo

MOTHER
 15. MAIDEN NAME Parks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cretzlia Mo

17. INFORMANT R. M. Gordon
 (ADDRESS) Cretzlia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cretzlia Mo DATE 11-5, 1937

19. UNDERTAKER M. M. Mehan
 (ADDRESS) Cretzlia Mo

20. FILED Nov 5-1937 V. C. Bonham
 Registrar.

