

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

Do not use this space.

38833

NOV 23 1937

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Jefferson Barracks (No. V. H. F.) St. _____ Ward _____

2. FULL NAME George Melvin JORDAN

(a) Residence, No. 1120 No. 2nd Street St. _____ Ward East St. Louis, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1937 to October 13, 1937.

I last saw him alive on October 13, 1937. Death is said to have occurred on the date stated above, at 1:10A m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 5 18

Hemiparesis, right, incident to cerebral hemorrhage. Date of onset Unkn.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Inspector
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 --

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) Topeka (STATE OR COUNTRY) Kansas

MOTHER 13. NAME John Jordan

FATHER 14. BIRTHPLACE (CITY OR TOWN) Shelby County (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Hannah Purear

FATHER 16. BIRTHPLACE (CITY OR TOWN) Chattanooga, (STATE OR COUNTRY) Tennessee

17. INFORMANT Clinical Clerk (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE Oct. 19, 1937

19. UNDERTAKER (ADDRESS) East Jefferson Barracks

20. FILED Oct. 15, 1937 G. Mowery Registrar.

Name of operation None Date of Phy. Clinical exam. and laboratory What test confirmed diagnosis? NO 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) C. W. HUGHES, Chief Medical Officer M. D. (Address) VAF Jefferson Barracks, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Wm. E. Officer licensed Embalmer No. 3518

hereby certify that the body recorded on the reverse side of this certificate
was embalmed by Wm. E. Officer

L.E.

Reg. Apprentice No.

working under my personal supervision.

Signed: *Wm. E. Officer*

Licensed Embalmer. # 3518