

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... BUCHANAN
Township..... WASHINGTON
City..... S T. JOSEPH, MO. (No.)

Registration District No. 85
Primary Registration District No. 1001
2503 JULES ST.

File No. 40729
Registered No. 1286
St. Ward)

2. FULL NAME..... MARY SUSAN JORDAN

(a) Residence, No. 2503 JULES ST. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. 7 mos. 2 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..... JAMES M. JORDAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)..... JUNE 20, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	5	3	

OCCUPATION

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..... HOME
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... UNKNOWN STATE OR COUNTRY.....

MOTHER FATHER

13. NAME..... JAMES LEACH

14. BIRTHPLACE (CITY OR TOWN)..... NEAR MOUTH CAVE KY
(STATE OR COUNTRY)..... KENTUCKY

15. MAIDEN NAME..... LOUISE REYNOLDS

16. BIRTHPLACE (CITY OR TOWN)..... NEAR MOUTH CAVE KY
(STATE OR COUNTRY)..... KENTUCKY

17. INFORMANT (ADDRESS)..... JULIA JORDAN, 2503 JULES ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE..... MEMORIAL PARK CEI DATE..... Nov. 24, 1937

19. UNDERTAKER (ADDRESS)..... FLEEMAN & SON, INC. 1946 COL HOUN ST. JOSEPH, MO.

20. FILED..... Nov 24 1937 H J Tuttlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... Nov. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1931, 19....., to....., 19.....
I last saw him ER alive on 11-23, 1937 Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

Acute dilatation heart 1931
N.D. 9/25/31

Other contributory causes of importance:
Acute indigestion

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?.....
If so, specify.....
(Signed).....
(Address).....

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.

958

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40 729
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Primary Registration District No. 1001 Registered No.
 (c) City St. Joseph (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Susan Jordan

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 15 1938 J. H. Hedgpeth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 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..... m.

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

acute dilatation heart
degenerative food poisoning
gastro-enteritis
 Other contributory causes of importance:-
acute indigestion
gastro-enteritis, result of improper food.

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? If so, specify.
 (Signed) L. G. Hedgpeth, M. D.
 (Address)

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

