

DEC'D MAR 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Greene  
Township Bogier  
City MISS (No. 54311)Registration District No. 54311  
Primary Registration District No. 5430File No. 6731  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

MISS Sarah E. GORDIS 632(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.

## PERSONAL AND STATISTICAL PARTICULARS

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

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFCASSIUS GORDIS

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

FEB 6 - 1865

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.73013

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.at home9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Greene Co. MO

## FATHER

## 13. NAME

Frank C. GORDIS14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)MO

## MOTHER

## 15. MAIDEN NAME

Esther16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)MO17. INFORMANT  
(ADDRESS)Clyde GORDIS

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Greene Co. MO DATE 2/20 193819. UNDERTAKER  
(ADDRESS)John H. GORDIS

## 20. FILED

2/19 1938

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 19 193822. I HEREBY CERTIFY, That I attended deceased from  
2-17, 1938, to 2-19, 1938

I last saw him alive on \_\_\_\_\_ Death is said

to have occurred on the date stated above, at 4 PM m.

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

Bobal Pneumonia

Date of onset

2-17-38

Other contributory causes of importance:

Chronic heart troubleName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO23. 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) Charles J. Williamson M.D.(Address) Greene 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.

WRITE PLAINLY WITH UNBOLDING INK—THIS IS A PERMANENT RECORD

D. C. H. Williamson

Gentry, Md