

DEC'D JUL 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township _____
City Slater (No. _____)

Registration District No. 799
Primary Registration District No. 4474

File No. 23045
Registered No. 32
St. _____ Ward _____

2. FULL NAME

Hallie Gordon

(a) Residence, No. Slater No. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1873

7. AGE YEARS 65 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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 _____

12. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Mo.

13. NAME Isaah Gorgon

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

15. MAIDEN NAME Angeline

16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY) _____

17. INFORMANT Chas. Crockett Slater, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Mo. DATE 6-16-1938

19. UNDERTAKER Hill Brothers (ADDRESS) Slater Mo.

20. FILED June 15 1938 W. M. Tuttle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 15 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June - 14 - 1938, to June - 14 - 1938

I last saw him alive on June - 14 - 1938. Death is said to have occurred on the date stated above, at 9 m.

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

Was dying when I Date of onset _____
saw him and make

Examination

Other contributory causes of importance: 200 lbs

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) M. C. Duggins, M. D.

709 (Address) Slater 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.

