

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Liberty
City..... (No..... St..... Ward)

Registration District No. 838
Primary Registration District No. 6098B

File No. 37000

Registered No.

2. FULL NAME

Ronald Eugene 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
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) (STATE OR COUNTRY) Liberty Twp.

13. NAME Frank Gordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo

15. MAIDEN NAME Ella Frazier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo.

17. INFORMANT Frank Gordon, Dexter, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE C. Dowdy Cem DATE 10/3/38 19.

19. UNDERTAKER Blankenship-Strickland (ADDRESS) Dexter, Mo.

20. FILED 11/10 38 Margaret Boone Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/2/38 19

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1938, to 10-2, 1938

I last saw him alive on 10/2, 1938 Death is said to have occurred on the date stated above, at 8:45 pm

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

Heart failure Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? C 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? no

If so, specify (Signed) E. S. Blaine, M. D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

