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.

DEC 12 1938

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

Do not use this space.

791

37582

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. 9969

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 1536, Papin St Marys Inf Ward)

635

2. FULL NAME Lonnie Mae Jordon

(a) Residence, No. 2109a Carr St., 21 Ward. resident
(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: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Minor

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 ~~August ?~~, 1938

7. AGE: YEARS | MONTHS: 3 | DAYS: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) City -St. Louis, Mo.

FATHER

13. NAME Lonnie Jordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

MOTHER

15. MAIDEN NAME Mae Hamilton

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

17. INFORMANT (ADDRESS) Parents Lonnie Jordon 2109 Carr St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Washington Park DATE 11-17-38

19. UNDERTAKER (ADDRESS) E. L. Garner 2829 Washington Ave

20. FILED NOV 16 1938 J. F. Bledeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938, to November 15, 1938

I last saw her alive on November 15, 1938. Death is said to have occurred on the date stated above, at 8:30 A. M.

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

Bronchopneumonia Primary

Date of onset

Other contributory causes of importance: 107a

Name of operation none Date of

What test confirmed diagnosis? phy. finding Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify none

(Signed) [illegible] Le Gall, M. D.

(Address) 1130 Papin

Arthur L. Hilliard
Lic#3389