DEC'D FEB 9 1939

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

2065
Do not use this space.

1. PLACE OF DEATH
(a) County Cole
(b) Township
(c) City Jefferson City Mo.
(d) Street No. 404 E. McCarty 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.
635

Registration District No. 213
Primary Registration District No. 3614
Registered No. 20

2. PRINT FULL NAME J. H. Jordon
(a) Residence, No. 404 E. McCarty St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): (Divorced)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Divorced)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: about 80 YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as saw mill, bank, etc.: Ins. Dept. (State)
10. Date deceased last worked at this occupation (month and year): Oct. 1938
11. Total time (years) spent in this occupation: about 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City Mo.

FATHER
13. NAME: unkown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unkown

MOTHER
15. MAIDEN NAME: unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkown

17. INFORMANT (ADDRESS): Mrs Joe Ramey 517 E. Dunklin St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New City Cemetary DATE Jan. 27 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. D. Hardiman Jefferson City Mo.
20. FILED 1/28/1939 [signature] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/25/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1938 to Jan. 25, 1939
I last saw him alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 9 55/9 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Cardiac~~ | |
| Aortic Regurgitation | |

Other contributory causes of importance:
Senility
Toxemia

Name of operation: none 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? no
If so, specify
(Signed) L. S. Daigle, M. D.
(Address) Jefferson City

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import...

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

2065
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township — Primary Registration District No. 3014 — Registered No. 21
(c) City Jefferson — (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 Jack H. Jordon
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| m | Negro | Divorced |

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. |
|---|---|---|---|
| aft 80 | | | |

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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 1/28/1938 [signature] M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25, 1939

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:

| | Date of onset |
|---|---|
| | |

Other contributory causes of importance:

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. S. Daigle, M. D.
(Address) Jefferson City Mo

SUPPLEMENTARY

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOORE

S-2165