REC'D JUN 13 1939

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

19238
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi
(b) Township Tywappity
(c) City Charleston
(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 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 566
Primary Registration District No. 3030
Registered No. 46

2. PRINT FULL NAME Joe Jordan
(a) Residence, No. Locust 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 M
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 Laura Jordan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Near 1881
7. AGE Near 58 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. Farmer
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) Charleston Mo

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

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mike Jordan Charleston Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE May 8 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Fair Funeral Service Charleston Mo
20. FILED 5-9- 1939 J S Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH 7:10 P.M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1939, to May 5, 1939
I last saw him alive on May 4, 1939 Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia following acute F. Pleurisy	4-28-39

Other contributory causes of importance: 108

Name of operation None Date of
What test confirmed diagnosis? Cl. Symptoms 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) W. S. Love, M. D.
(Address) Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14028

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, Thomas E Bass, or by .....,

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

Signed Thomas E Bass

Licensed Embalmer No. 3977

P. O. Address Charleston Mo.

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

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