

RECD SEP 12 1939

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

28560
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006
(c) City Columbia (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 LEOETHA GORDON
(a) Residence, No. 206 CHERRY St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Gordon Jr.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-28-1918
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 6 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Columbia Missouri
13. NAME Roy Logan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri
15. MAIDEN NAME Susie Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri
17. INFORMANT (ADDRESS) Roy Logan Columbia Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 8-30-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stuart P. Parker Columbia Missouri
20. FILED 8/30/1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1939
22. I HEREBY CERTIFY, That I attended deceased from June 4, 1939, to Aug 27, 1939
I last saw her alive on Aug 27, 1939. Death is said to have occurred on the date stated above, at 5:50 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary TB
Date of onset 8-6-39
Other contributory causes of importance: none
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? no
If so, specify _____
(Signed) Dr. M. D. [Signature]
(Address) 301 N. S. St Columbia 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.

10
3
9

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.....

Stuart J. Parker

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.