

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

Do not use this space.

3100

FILED FEB 17 1940

1. PLACE OF DEATH
 County Mississippi Registration District No. 566
 Township Tywappity Primary Registration District No. 3030
 City Charleston (No. 1) St. _____ Ward _____

2. FULL NAME Agnes Salmon Jordan 635
 (a) Residence, No. Clinton, Ky. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1876

7. AGE YEARS 63 MONTHS 3 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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. Housewife

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) Hickman Co. Ky.

FATHER 13. NAME Samuel B. Salmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Edna Davis

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

17. INFORMANT Mrs. H. D. Salmon
 (ADDRESS) Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Ky. DATE 1-4-40

19. UNDERTAKER Lau-Munroe Funeral Service
 (ADDRESS) Charleston, Mo.

20. FILED 1-3-1940 J. D. Simon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1940

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1939 to January 3, 1940

I last saw h. or alive on January 3, 1940. Death is said to have occurred on the date stated above, at 3:10 A. m.

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

Cerebral hemorrhage Date of onset 12/31

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____

(Signed) C. C. Presnell, M. D.
 (Address) Charleston, 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.

RECEIVED

District Health Officer No. 2

District File Number 240-591

Date Filed 2/12/40