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.

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

Do not use this space.

FILED MAR 12 1940

Registration District No. 791
Primary Registration District No. 1003

File No. 4855
Registered No. 1685

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis (No. 1026 Hamilton St. Ward)

2. FULL NAME Eldon Jordan

(a) Residence, No. 1026 Hamilton St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

635

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret C. Jordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/11/72

7. AGE: Years 67 | Months 11 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Estate
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): Newport, Ky

FATHER
13. NAME: Edw. W. Jordan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Katherine Lennox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newark, Ohio

17. INFORMANT (ADDRESS): Barnard Hospital Information 3427 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem DATE 2-20 1940

19. UNDERTAKER (ADDRESS): Shepard Funeral Home 4167 Hamilton Ave

20. FILED FEB 19 1940 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 17 1940

22. I HEREBY CERTIFY, That I attended deceased from 7/21 1939, to 12/23/39 1939.
I last saw him alive on 12/23 1939. Death is said to have occurred on the date stated above, at 5:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of buccal mucous membrane	April, 1937
~~Left~~	

Other contributory causes of importance:

Radon seeds To check 10/10/39
Name of operation Cautery etc. Cancer Dr. 12/12/39
What test confirmed diagnosis? Biopsy 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) William H. Gray, M. D.
(Address) Barnard Free Skin & Cancer Hosp., St. Louis, Mo.

Em blank signed C