

REC'D JUL 15 1940

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

Do not use this space.

21899

1. PLACE OF DEATH
County Iron Registration District No. 391
Township Arcadia Primary Registration District No. 4230
City Ironton (No. St. Marys Hospital) St. Ward

2. FULL NAME Arthur Fred Gordon
(a) Residence, No. Flat River Mo. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Minnie Ann Gordon
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, 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) Mine Lamotte Mo.
(STATE OR COUNTRY)

13. NAME Carl Gordon 9

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

15. MAIDEN NAME Nina Tinkler 0

16. BIRTHPLACE (CITY OR TOWN) Mine Lamotte Mo.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ed. Russell
(ADDRESS) Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Ma. June 30, 40

19. UNDERTAKER C. Z. Boyer
(ADDRESS) Desloge, Mo.

20. FILED June 28, 1940 Julia A. Sutton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 28 at 2 A.M. to June 28 6:A.M., 1940

I last saw him alive on June 28, 1940 Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Brain injury, fractured skull, fractured cervical vertebrae Date of onset

Other contributory causes of importance: lacerations of scalp and face.

repair of lacerations, debridement, etc.
Name of operation wounds. Date of 6-28-40

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? accident Date of injury 6-28, 1940
Where did injury occur? Iron Mountain, Iron Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Public highway

Manner of injury thrown from motorcycle

Nature of injury brain injury, fractured skull, fractured cervical vertebrae, lacerations.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) George W. Gay, M. D.
(Address) Ironton, 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.

211 M
94

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21899

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Fronton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Arthur Fred Gordon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 29 Months 5 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Brain injury
fractured skull

Due to fract Cervical vertebra

Due to laceration of scalp and face

Other conditions: all 11 ribs
(Include pregnancy within 3 months of death)
thrown from motorcycle

Major findings:
Of operations: Motorcycle struck a horse
Of autopsy: _____

Duration
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo W. Gray (M. D. or other) _____
Address Fronton Mo Date signed _____

SUPPLEMENTAL

