

Very important. Property transmitted. Exact statement of OCCUPATION.

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

Do not use this space.

43660

1. PLACE OF DEATH

County Madison Co  
Township Monroe  
City Helena (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 10  
Primary Registration District No. 5013

File No. \_\_\_\_\_  
Registered No. 15

2. FULL NAME

John Sumpter Gordon  
(a) Residence, No. Helena St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 4 14

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

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) 1915 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton, Mo  
Missouri

FATHER 13. NAME Presley Gordon

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

MOTHER 15. MAIDEN NAME Rebecca Briggs

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

17. INFORMANT (ADDRESS) Mrs John Gordon  
Helena, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Claytonale DATE 12-19 1936

19. UNDERTAKER (ADDRESS) John G. Pagan  
Claytonale

20. FILED 42-18 1936 J. H. Bledsoe  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to Dec 17, 1936

I last saw him alive on Dec 17, 1936 Death is said to have occurred on the date stated above, at 10:15am.

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

Apoplexy Date of onset 12/14/36

Other contributory causes of importance: Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chem 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) James H. Nicholas, M. D.  
(Address) Helena, Mo.

