

APR 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County DeKalb  
Township Washington  
City Clarksdale (No. ....)

Registration District No. 258  
Primary Registration District No. 41/258

File No. 11730  
Registered No. 4  
St. .... Ward)

2. FULL NAME Henry Clay Gordon

(a) Residence, No. Clarksdale, 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 (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Gordon  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1857.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stewartsville  
(STATE OR COUNTRY) Missouri

13. NAME Presley E. Gordon

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

15. MAIDEN NAME Rebecca Brooks

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

17. INFORMANT Presley J. Gordon  
(ADDRESS) Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale Cem. DATE 3/18/37. 19

19. UNDERTAKER U. G. Pilcher,  
(ADDRESS) Maysville, Mo.

20. FILED 3/18 1937 Mrs. M. Davis  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to March 16 1937

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at 6:00A.M.

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

Carcinoma of Tongue (Date of onset June 1936)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) O. L. Perryman M. D.

(Address) Clarksdale 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.

