WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.
41009
5390

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kansas — Primary Registration District No. 1002
City Kaw (No. 2006 Bales St. Ward)
File No.
Registered No.

2. FULL NAME Fannie Gordon
(a) Residence. No. 2006 Bales St., 12 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE: Years 81 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: Smith Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss
12. MAIDEN NAME OF MOTHER: Caroline Lumpkin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss

14. INFORMANT: William Gordon
(Address) 2006 Bales

15. FILED 12-24, 1928 N M Croul Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Dec 20, 1928, that I last saw her alive on Dec 20, 1928, and that death occurred, on the date stated above, at 1:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 YR
10 YR (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Pneumonia, Broncho
(duration) yrs. mos. 4? ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? NO. DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Usual tests

12-22, 1928 (Signed) F B Wallace, M. D
(Address) 713 Lathrop Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: West Lawn Cem
DATE OF BURIAL: 12-24 1928

20. UNDERTAKER: Nathan Whatcher
ADDRESS: 1520 N 5