22 [illegible]

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

Do not use this space.

+2248-A

1. PLACE OF DEATH
County St. Clair — Registration District No. 1118 — File No. 65
Township Dallas — Primary Registration District No. 6010 — Registered No. 65
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Melvin Murrel Gordon
(a) Residence. No. ..... 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 27, 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	9	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Collins Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Ross Gordon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Vesta Stubbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

14. INFORMANT Ross Gordon
(Address) Collins Mo

15. FILED Feb 8 1929 J. B. Swiegood REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1928, to Dec. 29, 1928, that I last saw him alive on Dec. 28, 1928, and that death occurred, on the date stated above, at 12.05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumia
108
115 B
101a
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Submaxillary Abscess
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. L. Laudaker, M. D
, 19 (Address) Collins, Mo.

*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: Macedonia
DATE OF BURIAL: Dec. 29 1929.

20. UNDERTAKER: O. S. Hull
ADDRESS: Osceola.

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.

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