

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

Do not use this space.
21959

1. PLACE OF DEATH

54 County Lafayette
9 Township Odesa no.
2 City Odesa (No.)

Registration District No. 464
Primary Registration District No. 4277

File No. 14
Registered No. 44
St. Ward

2. FULL NAME

Margaret L. Gordon

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>N. P. Gordon</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20 1872</u> | | |
| 7. AGE YEARS <u>59</u> | MONTHS <u>3</u> | DAYS <u>23</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u> | | If LESS than 1 day, <u> </u> hrs. or <u> </u> min. |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u> | 11. Total time (years) spent in this occupation <u> </u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u> | | |
| 13. NAME <u>E. P. Lee</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia 2</u> | | |
| 15. MAIDEN NAME <u>Amanda Allen</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u> | | |
| 17. INFORMANT <u>N. P. Gordon</u> (ADDRESS) <u>Odesa mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Odesa mo.</u> DATE <u>6/14</u> 19 <u>31</u> | | |
| 19. UNDERTAKER <u>L. C. Husman</u> (ADDRESS) | | |
| 20. FILED <u>7-25</u> 19 <u>31</u> <u>R. C. Schooley</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1931

22. I HEREBY CERTIFY, That I attended deceased from May 18 1931 to June 13 1931
I last saw him alive on June 13 1931. Death is said to have occurred on the date stated above, at 2 A. M.
The principal cause of death and related causes of importance were as follows:
Anasarcia
Chronic Degeneration

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) R. C. Schooley M. D.
(Address) Odesa mo.

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.

AUG 26 1931

