

JAN 23 1936

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

Do not use this space.

39516

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Traw Primary Registration District No. 1002
City Kansas City (No. 10th & Troost) St. _____ Ward _____

2. FULL NAME Harper Gordon
(a) Residence, No. 5827 Charlotte St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

10. Date deceased last worked at this occupation (month and year) 12-7-35 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennecaw nebr.

13. NAME Charles H. Gordon

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

15. MAIDEN NAME Natalie Brasins

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

17. INFORMANT Mrs Harper Gordon (ADDRESS) 5827 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Moines Ia DATE 12-9-35

19. UNDERTAKER Suddarth - Buchanan (ADDRESS) 6900 Troost Ave K.C. Mo

20. FILED Dec 8 1935 M. M. Croome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7/35 1935

22. I HEREBY CERTIFY that I attended deceased from _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Infarction
Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

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.

