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.

JAN 20 1937

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

Do not use this space.

1786

1. PLACE OF DEATH
County Jackson
Township Washington
City Kansas City, Mo. (No. 8240, Main Street St. Ward)

Registration District No. 404
Primary Registration District No. 5558 2

File No.
Registered No. 86

2. FULL NAME Mrs. M. Blanche Gordon
(a) Residence, No. 8240 Main Street 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: Female
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 Francis A. Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th, 1886

7. AGE: Years 50 | Months 6 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 3/5
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME Charles Evans Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Elizabeth Sims
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mr. Francis A. Gordon
(ADDRESS) 8240 Main St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fontana, Kan. DATE Jan. 10 1937

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED Jan. 7 1937 Fred R. Lindsey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1937, to Jan 6 1937
I last saw her alive on Jan 6 1937. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1/6/37 |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Before | 1932 |

Name of operation none 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) S. W. Fan, M. D.
(Address) 404½ W 75 K C Mo

Dr. S. W. Fair
404½ W. 75 St
2:P.M.