

MAR 19 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. *Amick*
Do not use this space.
File No. 5933
Registered No. 0150

1. PLACE OF DEATH

County *Greene* Registration District No. 318
Township *Weller* Primary Registration District No. 2001
City *Springfield Mo* 638

2. FULL NAME

Jean Elliott Gordon
(a) Residence, No. *638 Weller* St., *Waller* Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 15 - 1907*

7. AGE YEARS *29* MONTHS *10* DAYS *7* If LESS than 1 day, hrs. or min.

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

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

13. NAME *Samuel Elliott*

14. BIRTHPLACE (CITY OR TOWN) *Mo* (STATE OR COUNTRY)

15. MAIDEN NAME *Verma Thomas*

16. BIRTHPLACE (CITY OR TOWN) *Kansas* (STATE OR COUNTRY)

17. INFORMANT *Mrs Verma Elliott* (ADDRESS) *Kansas City, Kans*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Kansas City, Kans* DATE *Feb 23, 1937*

19. UNDERTAKER *Alma Sammes* (ADDRESS) *Springfield Mo*

20. FILED *Feb 23, 1937* *Chas A King* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 22, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *2-14-1937* to *2-22-1937*

I last saw h. *u* alive on *2-22-1937* Death is said to have occurred on the date stated above, at *12:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Scarlet fever Date of onset *2-14-37*

Other contributory causes of importance: *sepsis* *2-21/37*

Name of operation Date of
What test confirmed diagnosis? 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? If so, specify

(Signed) *Wm Busch* M. D. (Address) *Springfield Mo*

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.

