

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

Do not use this space.

41752

DEC 28 1936

1. PLACE OF DEATH

County Salisbury Registration District No. 465
Township Madison Primary Registration District No. 4278
City Warrens (No. _____ St. _____ Ward _____)

2. FULL NAME

Nathans Jackson 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 41 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Elizabeth B. Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3d 1859</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>5</u>
		DAYS
		<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
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) (STATE OR COUNTRY) <u>Near location of Corders</u> <u>Salisbury Co. Mo</u>		
13. NAME <u>Maj. George P. Gordon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Susan Ann Corders</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salisbury Co. Mo</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Elizabeth B. Gordon</u> <u>Warrens Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrens, Mo</u> DATE <u>Nov 20</u> , 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Willie Funeral Home</u> <u>Carrollton Mo.</u>		
20. FILED <u>Nov 21</u> , 19 <u>36</u> <u>Elizabeth Corders</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18th, 1936

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1936, to Nov 18, 1936

I last saw him alive on Nov 17, 1936. Death is said

to have occurred on the date stated above, at 12:20 P.M.

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

Chronic Septicemia Date of onset July 36

Other contributory causes of importance:

Marked Secondary Anemia Septicemia Oct 1936
Nov 1936

Name of operation None Date of None

What test confirmed diagnosis? Blood Biopsy 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) Ernest M. Moore, M. D.

(Address) Higginsville, 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.

